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

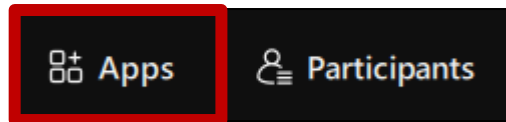
September 10, 2026

Technical Instructions

- All participants are muted upon entry.
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- You may submit questions through the **Slido Q&A** function. To access the Q&A, click the **Apps** panel in the lower right corner of your screen.



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- 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.

CMS Welcome

Agenda

- **Introduction and Overview**
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- **Tips for Entering Stratified Data in the QMR System**
- **General QMR System 2026 Reporting Tips and Best Practices**
- **Data Preview Process**
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Introduction and Overview

Introduction: Child and Adult Core Sets

- The Core Sets support federal and state efforts to collect, report, and use a standardized set of measures to improve the quality of care provided to children and adults covered by Medicaid and the Children's Health Insurance Program (CHIP).
- 2026 will be the 17th year of reporting of the Child Core Set and the 14th year of reporting of the Adult Core Set.
- 2026 Child¹ and Adult² Core Sets:
 - The 2026 Child Core Set includes 25 mandatory measures.
 - In addition, 2 provisional measures and 3 utilization measures are available for voluntary reporting.³
 - The 2026 Adult Core Set includes 10 mandatory measures and 23 voluntary measures.³
 - In addition, 2 provisional measures and 1 utilization measure are available for voluntary reporting.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 and utilization measures are not considered part of the Child and Adult Core Sets. Reporting of utilization and 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 (1/3)

- **Over time:**
 - States have reported more Core Set measures.
 - The quality and completeness of submitted data have improved.
- The [Core Set Data Dashboard](#) includes all publicly reported Child and Adult Core Set measures for the 2021-2024 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 2024 Child and Adult Core Set reporting products.



2025 reporting products will be available soon!

Reporting Updates: Child and Adult Core Sets (2/3)

New Measure for Mandatory Reporting in 2026^{1, 2}

- | | |
|-------|--|
| Child | <ul style="list-style-type: none">• Oral Evaluation During Pregnancy: Ages 15 to 20 (O EVP-CH) |
|-------|--|

New Provisional Measures (Voluntary)

- | | |
|-------|--|
| Child | <ul style="list-style-type: none">• Prenatal Depression Screening and Follow-Up: Under Age 21 (PND-CH) |
| Adult | <ul style="list-style-type: none">• Prenatal Depression Screening and Follow-Up: Age 21 and Older (PND-AD) |

Utilization Measures (Voluntary)

- | | |
|-------|---|
| Child | <ul style="list-style-type: none">• Childhood Immunization Status (CIS-CH)• Immunizations for Adolescents (IMA-CH)• Prenatal Immunization Status: Under Age 21 (PRS-CH) |
| Adult | <ul style="list-style-type: none">• Prenatal Immunization Status: Age 21 and Older (PRS-AD) |

¹ Updates to the 2026 Child and Adult Core Sets were announced in the December 2024 and December 2025 State Health Official (SHO) letters, available at [2026 Updates to the Child and Adult Core Health Care Quality Measurement Sets and Mandatory Reporting Guidance](#) and [2027 Updates to the Child and Adult Core Health Care Quality Measurement Sets and Mandatory Reporting Guidance](#).

² For detailed information on updates to the Core Sets and specifications, please see the March 2026 Core Set Updates webinar available at <https://vimeo.com/1177085301/4fc5c6e003>.

Reporting Updates: Child and Adult Core Sets (3/3)

Core Set Measures Retired for 2026^{1, 2}

Child	• No retired measures
Adult	• Antidepressant Medication Management (AMM-AD) • Long-Term Services and Supports Comprehensive Care Plan and Update (CPU-AD)³ • National Core Indicators Survey (NCIIDD-AD)³ • Use of Opioids at High Dosage in Persons Without Cancer (OHD-AD)

¹ Updates to the 2026 Child and Adult Core Sets were announced in the December 2024 and December 2025 State Health Official (SHO) letters, available at [2026 Updates to the Child and Adult Core Health Care Quality Measurement Sets and Mandatory Reporting Guidance](#) and [2027 Updates to the Child and Adult Core Health Care Quality Measurement Sets and Mandatory Reporting Guidance](#).

² For detailed information on updates to the Core Sets and specifications, please see the March 2026 Core Set Updates webinar available at <https://vimeo.com/1177085301/4fc5c6e003>.

³ Measure will transition from the Adult Core Set to the Home and Community-Based Services Quality Measure Set.

Introduction: Health Home Core Sets

- **The 1945 and 1945A Health Home Core Sets include quality and utilization measures used to monitor and evaluate Health Home Programs.**
- **2026 will be the 14th year of reporting of the 1945 Health Home Core Set.¹ It is the second year for the 1945A Health Home Core Set,² though at this time there are no approved 1945A Health Home Programs.**
- **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.**
- **States may also report program-specific goals and measures in the QMR system.**

¹ CMS established the Section 1945 Health Home Core Set in 2013. The 1945 Health Home benefit was established under section 1945 of the Social Security Act in 2010.

² 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.

Reporting Updates: Health Home Core Sets

- **Who is expected to report?**
 - States are expected to report on all approved Health Home Programs that were in effect for at least six months of the 2026 reporting period.
 - Reporting requirements are based on each program's SPA effective date.
 - To determine if a Health Home Program is expected to report, states can refer to the [expected Health Home reporting table](#) or contact the technical assistance (TA) mailbox at MACQualityTA@cms.hhs.gov.
- **No measures were added to or retired from the 2026 1945 or 1945A Health Home Core Sets.^{1, 2}**
- **[Appendix A](#) includes links to 2024 Section 1945 Health Home Core Set reporting products. 2025 reporting products will be available soon!**

¹ Updates to the 2026 1945 and 1945A Health Home Core Sets were announced in a July 11, 2025 State Medicaid Director Letter, available at [Federal Fiscal Year 2026 Updates to the Health Home Core Quality Measure Sets](#). Updates to stratification standards can be found in a May 5, 2026 State Medicaid Director Letter, available at [Federal Fiscal Year 2027 Updates to the Health Home Core Quality Measure Sets](#).

² For detailed information on updates to the Core Sets and specifications, please see the March 2026 Core Set Updates webinar available at <https://vimeo.com/1177085301/4fc5c6e003>.

2026 Mandatory Core Sets Reporting (1/2)

- **For 2026 reporting, states are required to:**
 - Report all Child Core Set measures and the behavioral health measures on the Adult Core Set.¹
 - Report all 1945 Health Home Core Set measures, among states with approved 1945 Health Home Programs in operation by July 1, 2025.²
 - Adhere to CMS technical specifications and reporting guidance.
 - Include all measure-eligible beneficiaries.
 - Report required race/ethnicity, sex, and geography stratifications for measures subject to mandatory stratification requirements.

¹ More information on Child and Adult mandatory reporting requirements is included in the [2026 Updates to the Child and Adult Core Health Care Quality Measurement Sets and Mandatory Reporting Guidance](#) and [2027 Updates to the Child and Adult Core Health Care Quality Measurement Sets and Mandatory Reporting Guidance](#).

² More information on 1945 and 1945A Health Home mandatory reporting requirements is included in the [Federal Fiscal Year 2026 Updates to the Health Home Core Quality Measure Sets](#). Updates to stratification standards can be found in a May 5, 2026 State Medicaid Director Letter, available at [Federal Fiscal Year 2027 Updates to the Health Home Core Quality Measure Sets](#).

2026 Mandatory Reporting (2/2)

- **States with separate CHIP :**
 - Must report Child Core Set measures separately for:
 - Medicaid, inclusive of both Title XIX-funded Medicaid and, if applicable, Title XXI-funded Medicaid expansion CHIP (Medicaid expansion CHIP)
 - Separate CHIP (Title XXI)¹
 - 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.
 - Are encouraged, but not required, to report Adult Core Set measures separately for separate CHIP.
- **To reduce reporting burden, the QMR system automatically calculates combined rates from the Medicaid and separate CHIP results.**
- **UPDATED guidance on reporting Medicaid and Separate CHIP data is available at <https://www.medicaid.gov/quality-of-care/downloads/QMRCoreSetCombinedRates.pdf>**

¹ 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](#).

Why Core Set Reporting Matters

- **Core Set reporting provides a national snapshot of the quality of health care provided to Medicaid and CHIP beneficiaries.**
- **High-quality, complete data help CMS, states, and other quality partners:**
 - Monitor performance
 - Identify opportunities for improvement
 - Strengthen health care quality at the national, state, and program level
- **CMS supports states in using Core Set data to drive quality improvement.**

Goals for 2026 Core Set Reporting

- **Assist states in reporting the Core Sets according to mandatory reporting requirements through technical assistance and outreach.**
- **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.**

CMS and the technical assistance team work with states throughout the reporting process to support these goals.

CMS's Focus on Data Quality

Data Quality Considerations

- **CMS focuses on five areas of data quality:**
 - Data completeness
 - Data accuracy
 - Data consistency
 - Data and methods documentation
 - Adherence to Core Set technical specifications
- **Use the combined Child, Adult, and Health Home Data Quality Checklist to review data before submitting reports. Available at <https://www.medicaid.gov/medicaid/quality-of-care/downloads/child-adult-healthhomes-data-quality-checklist.pdf>**

2026 Data Quality Priorities for States (1/2)

- **Report all rates for all mandatory measures.**
- **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.
 - The Core Set measures may have different age groups than the corresponding HEDIS measure, but states should report according the Core Set specifications.
- **Include all measure-eligible populations and services in mandatory Core Set measures¹:**
 - Programs (Medicaid [including Medicaid expansion CHIP, if applicable for the state], separate CHIP²)
 - Delivery systems (managed care, fee-for-service, primary care case management)
 - Special populations (for example, individuals in foster care)
 - Health care settings (for example, services provided at federally-qualified health centers, rural health clinics, or Indian Health Service facilities)

¹ CMS is exempting the states from reporting on the following populations for the 2026 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 voluntary but encouraged for the Adult Core Set.

2026 Data Quality Priorities for States (2/2)

- **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).
- **Note: Only states with an approved population exemption 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 do not apply to Health Home reporting.
- **More data quality tips are available in [Appendix B](#).**

The QMR System is Open!

- **The QMR system is open for 2026 Child, Adult, and Health Home Core Sets reporting!**
 - Reporting deadline is December 31, 2026.
- **If you have questions about accessing the QMR system, please contact MDCT_help@cms.hhs.gov.**

Stratified Reporting Guidance

Stratifying 2026 Core Sets Data

- **Required for 2026**
 - Stratified reporting for 50% of mandatory Child, Adult, and 1945 Health Home measures by:
 - Race and ethnicity
 - Sex¹
 - Geography
 - States with separate CHIP must also report required stratified data in the Child Separate CHIP report. States are encouraged, but not required, to report stratified data in the Adult Separate CHIP report.
- **Voluntary for 2026**
 - States are encouraged to report stratified data for two new stratifications:
 - Children in foster care at any time during the measurement period
 - Adults who are eligible for Medicaid under Medicaid expansion programs
- **UPDATED guidance on reporting stratified rates in the QMR system for 2026 is available at <https://www.medicaid.gov/medicaid/quality-of-care/downloads/QMR-stratification-resource.pdf>.**

¹ 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 data.

Child Core Set Measures Subject to Mandatory Stratification for 2026 Core Sets Reporting

Child Core Set

Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis: Ages 3 Months to 17 Years (AAB-CH)	Low-Risk Cesarean Delivery: Under Age 20 (LRCD-CH) <i>Note: CMS calculates on behalf of states</i>
Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication (ADD-CH)	Lead Screening in Children (LSC-CH)
Asthma Medication Ratio: Ages 5 to 18 (AMR-CH) or Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC-CH) ¹	Oral Evaluation, Dental Services (OEV-CH)
Follow-Up After Emergency Department Visit for Substance Use: Ages 13 to 17 (FUA-CH)	Prenatal and Postpartum Care: Up to Age 20 (PPC2-CH) ²
Follow-Up After Hospitalization for Mental Illness: Ages 6 to 17 (FUH-CH)	Well-Child Visits in the First 30 Months of Life (W30-CH)
Live Births Weighing Less Than 2,500 Grams (LBW-CH) <i>Note: CMS calculates on behalf of states</i>	Child and Adolescent Well-Care Visits (WCV-CH)

¹ Due to the retirement of AMR-CH from the 2027 Core Set, states may choose to stratify WCC-CH in lieu of AMR-CH to meet mandatory 2026 Core Set reporting requirements.

² PPC2-CH is only stratified by race, ethnicity, and geography because the measure applies only to female beneficiaries.

Adult Core Set Measures Subject to Mandatory Stratification for 2026 Core Sets Reporting

Adult Core Set

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)

Follow-Up After Emergency Department Visit for Mental Illness: Age 18 and Older (FUM-AD)

Initiation and Engagement of Substance Use Disorder Treatment (IET-AD)

Use of Pharmacotherapy for Opioid Use Disorder (OUD-AD)

Health Home Core Set Measures Subject to Mandatory Stratification for 2026 Core Sets Reporting

1945 Health Home Core Set

Controlling High Blood Pressure (CBP-HH)

Colorectal Cancer Screening (COL-HH)

Follow-Up After Emergency Department Visit for Substance Use (FUA-HH)

Follow-Up After Hospitalization for Mental Illness (FUH-HH)

Follow-Up After Emergency Department Visit for Mental Illness: Age 6 and Older (FUM-HH)

Use of Pharmacotherapy for Opioid Use Disorder (OUD-HH)

1945A Health Home Core Set¹

Oral Evaluation, Dental Services (OEV-HHA)

Well-Child Visits in the First 30 Months of Life (W30-HHA)

Child and Adolescent Well-Care Visits (WCV-HHA)

¹ For 2026 reporting, there are no approved 1945A Health Home Programs.

Reporting Data Stratified by Foster Care (Voluntary for 2026 Reporting)

- **Reporting by foster care status is encouraged, but not required.**
- **This option is available in:**
 - Child Medicaid (inclusive of both Title XIX-funded Medicaid and Title XXI-funded Medicaid Expansion CHIP) reports
 - 1945 Health Home reports¹
- **Available categories:**
 - In foster care during the measurement period
 - Not in foster care during the measurement period

¹ The foster care stratification applies to both the 1945 and 1945A Health Home Core Sets. For 2026 reporting, there are no approved 1945A Health Home Programs.

Reporting Data Stratified by Medicaid Expansion (Voluntary for 2026 Reporting)

- **Reporting by Medicaid expansion status is encouraged, but not required.**
- **This option is available in:**
 - Adult Medicaid (inclusive of both Title XIX-funded Medicaid and Title XXI-funded Medicaid Expansion CHIP) reports
 - 1945 Health Home reports
- **Available categories include the following with the option to add additional categories:**
 - Adult group – Full expansion: Adults enrolled in Medicaid under the adult group at section 1902(a)(10)(A)(i)(VIII) of the Social Security Act, and in regulation at 42 C.F.R. § 435.119¹ or in a section 1115 demonstration that provides eligibility for the entire adult group population.
 - Medicaid-Non-expansion beneficiaries: Adults enrolled in Medicaid that are not in the Adult group – Full expansion, as defined above.
- **States that have not expanded Medicaid for the adult population should skip this stratification.**

¹ For more information, see https://www.ssa.gov/OP_Home/ssact/title19/1902.htm and <https://www.ecfr.gov/current/title-42/chapter-IV/subchapter-C/part-435/subpart-B/subject-group-ECFR6335dc9a0028e1c/section-435.119>.

Reporting Data Stratified by Race and Ethnicity

- Reporting by race and ethnicity is required for measures subject to mandatory stratification.
- For 2026 Core Sets reporting, states may use either:
 1. the [1997 Office of Management and Budget \(OMB\) minimum race and ethnicity standards](#), 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](#)
- States should select the race and ethnicity standard that best aligns with their data.
 - If your state has multiple QMR users, coordinate in advance to ensure everyone uses the same reporting standard.
- Contact the TA team if you have questions about which race and ethnicity standard to use.

Reporting Data Stratified by Race and Ethnicity:

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 detailed category
- Black or African American
- Native Hawaiian or Other Pacific Islander*
 - Native Hawaiian; Guamanian or Chamorro; Samoan; Other Pacific Islander; Another detailed category
- 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 detailed category
- 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 detailed category.

** 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:

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 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 detailed category.

Reporting Data Stratified by Race and Ethnicity: Key Differences in Standards

1997 OMB standards, as specified in the 2011 HHS standards:

- Race and ethnicity are reported as separate variables
- Race categories are mutually exclusive
- Option to add another race or ethnicity category
- Includes “Two or More Races” and “Some Other Race”

The race and ethnicity categories used in the HEDIS MY 2025 guidelines align more closely with the 1997 race and ethnicity standards, which treat race and ethnicity as separate variables.

2024 OMB Directive No. 15 :

- 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 category for Middle Eastern or North African

Reporting Data Stratified by Sex

- Reporting by sex is required for measures subject to mandatory stratification.
- Sex stratification categories use the [2011 HHS standards](#):
 - Male
 - Female
 - Missing or not reported

Sex	–
Male	+
Female	+
Missing or not reported (Sex)	+

Reporting Data Stratified by Geography

- Reporting by geography is required for measures subject to mandatory stratification.
- Geography stratification categories:
 - Urban
 - Rural
 - Missing or not reported
 - Add another Geography (please define)
- States should use a minimum standard of Core-Based Statistical Areas (CBSA) codes to assign geography categories. CMS recommends moving toward Rural-Urban Community Area (RUCA) codes because they provide a more granular classification of rural areas.
 - More information on how to assign beneficiaries to geography categories is available in Appendix C of <https://www.medicaid.gov/medicaid/quality-of-care/downloads/QMR-stratification-resource.pdf>.

Geography	–
Urban	+
Rural	+
Missing or not reported (Geography)	+
Add another Geography	+

Tips for Entering Stratified Data in the QMR System

Reporting Stratified Data in the QMR System (1/2)

- For each measure, states will indicate whether they are reporting stratified data for the measure.
 - If not, select No and complete the measure as usual.
 - Select Yes and the available stratification fields will appear.

Measure Stratification

Instructions (Click to Expand) +

Are you reporting stratified data for this measure?
☐ Yes
☐ No

Complete the Measure
Please select "Validate Measure" to check any error present on the measure prior to completion
Complete the measure and mark it for submission to CMS for review

Validate Measure **Complete Measure** **Clear Data**

Reporting Stratified Data in the QMR System (2/2)

- Before entering stratified data, states will select a race and ethnicity standard for the measure.
 - States must use a consistent race and ethnicity standard *within* a measure.
 - **Warning!** Changing race and ethnicity standards after entering data will erase previously entered stratified data.
 - Confirm the reporting standard before beginning data entry to avoid losing data.



Which race and ethnicity standards would your state like to use for 2026 Core Sets reporting?

A summary of the race and ethnicity categories and detailed categories included in each standard is available in Boxes 1 and 2 of the [stratification TA resource](#).

- 1997 Office of Management and Budget (OMB) minimum race and ethnicity standards, as specified in the 2011 HHS standards
- 2024 OMB Statistical Policy Directive No. 15 race and ethnicity standards

⚠ Entered data will not be saved if you switch race and ethnicity reporting standards.

Please confirm which standard you are using before entering data.

- ☐ 1997 OMB minimum race and ethnicity standards, as specified in the 2011 HHS standards
- ☐ 2024 OMB Statistical Policy Directive No. 15 race and ethnicity standards
- ☐ Not applicable – our state is not reporting race or ethnicity data

Reporting Stratification Categories

- **States should report all categories they collect.**
- **If your state does *not* collect a category: do not select it.**
 - For example, if your state does not collect data for Middle Eastern or North African, do not select this category.
- **If your state collects a category but there are *zero eligible beneficiaries*:**
 - Select the category.
 - Enter 0 for both the numerator and denominator.
 - For example, if your state collects data for Middle Eastern or North African, but there are zero measure-eligible beneficiaries in this category, enter 0 in the numerator and denominator fields.
- **Unless prohibited by state policy, report all collected categories, including categories with zero eligible beneficiaries.**
- **Use the open text field to explain missing categories, if applicable.**

Adding Stratification Categories

- Depending on the reporting option and category, states can add additional categories and detailed categories in the stratification section.
 - For example, if a state uses Frontier or another geography category, they can add it under “Additional Geography.”
- When adding additional categories, states should use a clear and descriptive label.
 - For example, use a descriptive label like “Frontier” instead of a vague label like “Another Geography.”
- States should use existing QMR categories whenever possible.
 - For example, a state should use “Missing or Not Reported” instead of adding a new “Unknown” category.

Geography

Urban	+
Rural	+
Missing or not reported (Geography)	+
Add another Geography	-

Additional Geography

Frontier

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

Timeliness of Prenatal Care: Under Age 21

Numerator	Denominator	Rate

Postpartum Care: Under Age 21

Numerator	Denominator	Rate

+ Add Another Geography

Accounting for All Measure-Eligible Beneficiaries in Stratified Data

- Use the “Missing or Not Reported” category as needed to ensure every eligible beneficiary is represented.
- ***Reporting Check:*** For most stratifications, the denominators across all categories in the standard 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.
 - Exception: 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.

Reporting Stratified Data with Small Cell Sizes

- **CMS encourages states to report all stratified data in the QMR system, even when some categories have small cell sizes.**
 - If your state policy prohibits reporting certain counts, adhere to the policies and explain the omission in the stratification open text field.
- **For public reporting, CMS suppresses:**
 - Beneficiary or record counts from 1 to 10
 - Values that can be used to derive counts from 1 to 10
 - Rates with denominators less than 30

Stratifying Measures Reported Using the Hybrid Methodology

- For measures calculated using the hybrid methodology at the state level, states may:
 - Apply stratifications to the eligible population and denominator after hybrid sampling, following the HEDIS General Guidelines, or
 - Use the administrative method to calculate stratified rates.
- Describe the approach used in the stratification open text field.

Measure Stratification Details

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

[STATE] used administrative data only to calculate stratified data.

Data Quality Checks in the Stratification Section

- When you select *Validate Measure* at the bottom of the page for each measure, the QMR system automatically checks reported stratified data.
- These checks are consistent with those used for the Performance Measure section.
 - For example, if all the rates in a measure should have the same denominator, that rule also applies within each stratification category.

Complete the Measure

Please select "Validate Measure" to check any error present on the measure prior to completion

Complete the measure and mark it for submission to CMS for review

Validate Measure

Complete Measure

Clear Data

! **Measure Stratification: Race and Ethnicity - American Indian or Alaska Native alone or in combination Error**

The following categories must have the same denominator:

- Timeliness of Prenatal Care: Under Age 21
- Postpartum Care: Under Age 21

Providing Context about Stratified Data

- **Use the stratification open text field to provide additional context that will help CMS interpret your state's data. Examples include:**
 - Methodology used for stratified reporting, especially if the methodology differed from state-level data.
 - Additional category definitions.
 - Data quality concerns, including specific challenges in collecting and reporting stratified data, as well as planned improvements for future reporting.
- **Note: This information is used internally by CMS and is not included in publicly reported state-specific comments.**

Measure Stratification Details

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

[STATE] has verified that any stratified rate reported as zero is accurate.

Stratification Tips

Do:

- ✓ **Coordinate approach for reporting stratified data with all QMR users for your state.**
- ✓ **Use the Missing or Not Reported category to ensure all measure-eligible beneficiaries are counted.**
- ✓ **Use clear, descriptive labels for write-in categories.**
- ✓ **Report every category your state collects.**
- ✓ **Provide concise, helpful context in the open text field, such as:**
 - “Used administrative data for stratified rates.”

Don't:

- ✗ **Switch race and ethnicity standards after entering data for a measure, as data will not be retained when you move between standards.**
- ✗ **Select a category your state does not collect.**
- ✗ **Add unnecessary categories, such as adding an “Unknown” category if the standard includes a “Missing or Not Reported” category.**

General QMR System 2026 Reporting Tips and Best Practices

Landing Page (1/2)

- **When you log in to QMR, your state's Child and Adult Core Set reports appear on the landing page.**
- **The reports displayed depend on your state's CHIP structure.¹**
 - *States with separate CHIP will see:*
 - Child Medicaid (inclusive of both Title XIX-funded Medicaid and Title XXI-funded Medicaid Expansion CHIP) report
 - Child Separate CHIP report
 - Adult Medicaid (inclusive of both Title XIX-funded Medicaid and Title XXI-funded Medicaid Expansion CHIP) report
 - Adult Separate CHIP report
 - *States with Medicaid expansion CHIP only will see:*
 - Child Medicaid (inclusive of both Title XIX-funded Medicaid and Title XXI-funded Medicaid Expansion CHIP) report
 - Adult Medicaid (inclusive of both Title XIX-funded Medicaid and Title XXI-funded Medicaid Expansion CHIP) report

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

Landing Page (2/2)

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

2026 Core Set Measures Reporting

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

Reporting Year
2026 Core Set

View Combined Rates

Core Set Name	Type	Status	Core Set Actions
Child Core Set Measures: Medicaid (inclusive of both Title XIX-funded Medicaid and Title XXI-funded Medicaid Expansion CHIP)	Child	In Progress 2 of 30 complete	⋮
Child Core Set Measures: Separate CHIP	Child	In Progress 2 of 30 complete	⋮
Adult Core Set Measures: Medicaid (inclusive of both Title XIX-funded Medicaid and Title XXI-funded Medicaid Expansion CHIP)	Adult	In Progress 1 of 36 complete	⋮
Adult Core Set Measures: Separate CHIP	Adult	In Progress 1 of 36 complete	⋮

Need to report on Health Home data?

Add Health Home Core Set +

Removing a Report

- **Warning! Deleting a Health Home report permanently removes all data reported for that program for 2026. Use this feature with caution.**

2026 Core Set Measures Reporting

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

Reporting Year
2026 Core Set

View Combined Rates

Core Set Name	Type	Status	Core Set Actions
Child Core Set Measures: Medicaid (inclusive of both Title XIX-funded Medicaid and Title XXI-funded Medicaid Expansion CHIP)	Child	In Progress 2 of 30 complete	⋮
Child Core Set Measures: Separate CHIP	Child	Complete 30 of 30 complete	⋮
Adult Core Set Measures: Medicaid (inclusive of both Title XIX-funded Medicaid and Title XXI-funded Medicaid Expansion CHIP)	Adult	In Progress 1 of 36 complete	⋮
Adult Core Set Measures: Separate CHIP	Adult	In Progress 1 of 36 complete	⋮
Health Home Core Set Measures: WA 24-0023 - Washington Health Home Services	Health Home	Not Started 0 of 11 complete	⋮

Need to report on Health Home data?

Already Added

Export

Delete

Complete All Measures

Reset All Measures

Reporting Reminders (1/2)

- Each report landing page has a banner reminder about the report's 2026 mandatory reporting requirements.
- In addition, measures have a tag to indicate whether they are mandatory.
- Measures without a tag are voluntary for 2026.

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Quality Measure
Reporting

Logout

< 2026 Adult Core Set Measures: Medicaid (inclusive of both Title XIX-funded Medicaid and Title XXI-funded Medicaid Expansion CHIP)

Mandatory Reporting

For 2026 Core Sets reporting, states are required to report the behavioral health measures on the Adult Core Set. These measures are denoted as "Mandatory" in the measure list below. All other measures are available for voluntary reporting in 2026. More information on which measures are mandatory for 2026 is included in the 2026 Adult Core Set Measure List.

More information on mandatory reporting requirements is included in the [2026 Updates to the Child and Adult Core Health Care Quality Measurement Sets and Mandatory Reporting Guidance State Health Official Letter](#).

For 2026 Core Sets reporting, states are expected to report stratified data for the following measures in the Adult Medicaid report: FUA-AD, FUH-AD, FUM-AD, IET-AD, and OUD-AD.

Report Progress

Complete Core Set Qualifier Questions

Complete the Adult Core Set Qualifier Questions before submitting the Core Set report.

Enter Qualifier Questions

Complete the below measures

Complete all Adult Core Set Measures: Medicaid (inclusive of both Title XIX-funded Medicaid and Title XXI-funded Medicaid Expansion CHIP) to submit the Core Set report.

1 of 36

Total Measures Completed

Submit Core Set

MSC-AD	Medical Assistance with Smoking and Tobacco Use Cessation	Mandatory	..	Not Started Apr 7, 2026 1:56 PM
OEVP-AD	Oral Evaluation During Pregnancy: Ages 21 to 44		..	Not Started Apr 7, 2026 1:56 PM
OUD-AD	Use of Pharmacotherapy for Opioid Use Disorder	Mandatory	..	Not Started Apr 7, 2026 1:56 PM

Reporting Reminders (2/2)

- Measures that are subject to mandatory stratification include additional banner reminders within the measure page.

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Quality Measure
Reporting

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2026 FUA-CH (Medicaid (inclusive of both Title XIX-funded Medicaid and Title XXI-funded Medicaid Expansion CHIP))

Save Print

✓ Saved 16 days ago

Last modified by: Tina TN

Reminder: Measure Stratification Required

For 2026 Core Sets reporting, states are expected to report stratified data for this measure for each of the following required stratification standards: race and ethnicity, sex, and geography. States are encouraged, but not required, to report stratified data for foster care.

Measure Stratification

Reminder: Measure Stratification Required

For 2026 Core Sets reporting, states are expected to report stratified data for this measure for each of the following required stratification standards: race and ethnicity, sex, and geography. States are encouraged, but not required, to report stratified data for foster care.

Measures Calculated by CMS

- Some measures may appear as “Complete” when you open the report.
- States do not enter data for these measures because CMS calculates them using alternate data sources. For 2026, these measures are:
 - LBW-CH
 - LRCD-CH
 - LRCD-AD

< 2026 Child Core Set Measures: Separate CHIP					
LBW-CH	Live Births Weighing Less Than 2,500 Grams	Mandatory	N/A	✓ Complete Apr 7, 2026 1:56 PM	⋮
LRCD-CH	Low-Risk Cesarean Delivery: Under Age 20	Mandatory	N/A	✓ Complete Apr 7, 2026 1:56 PM	⋮
LSC-CH	Lead Screening in Children	Mandatory	...	Not Started Apr 7, 2026 1:56 PM	⋮
OEV-CH	Oral Evaluation, Dental Services	Mandatory	...	Not Started Apr 7, 2026 1:56 PM	⋮

< 2026 Adult Core Set Measures: Separate CHIP					
IET-AD	Initiation and Engagement of Substance Use Disorder Treatment	...	Not Started Apr 7, 2026 1:56 PM	⋮	
LRCD-AD	Low-Risk Cesarean Delivery: Age 20 and Older	N/A	✓ Complete Apr 7, 2026 1:56 PM	⋮	
MSC-AD	Medical Assistance with Smoking and Tobacco Use Cessation	...	Not Started Apr 7, 2026 1:56 PM	⋮	
OEVP-AD	Oral Evaluation During Pregnancy: Ages 21 to 44	...	Not Started Apr 7, 2026 1:56 PM	⋮	

Adult Core Set: Reporting Separate Medicaid and CHIP Data

- **States with separate CHIP are encouraged but not required to report their *Adult Core Set* data separately for Medicaid and separate CHIP.**
- **If your state reports separate CHIP results separately:**
 - Report Medicaid results (including Medicaid expansion CHIP) in the Medicaid report.
 - Report separate CHIP results in the Separate CHIP report.
- **If your state cannot report separate CHIP separately:**
 - Report all data in the Medicaid (inclusive of both Title XIX-funded Medicaid and Title XXI-funded Medicaid Expansion CHIP) report.
 - Indicate that separate CHIP is included in the denominator
 - Under “Definition of denominator,” select all appropriate populations. Indicate the separate CHIP population is included by selecting the “Other” option and entering “separate CHIP” in the associated text field.
 - Also document this in the Additional Notes and Comments section. This note will be pulled into the state-specific comments for public reporting. For example, “[STATE] reported separate CHIP population combined with Medicaid population for 2026.”
 - Select “No, I am not reporting” for each measure in the Separate CHIP report.
 - Select “Other” as the reason for not reporting and note that “Medicaid and separate CHIP data are reported together in the Medicaid report for 2026.”

Qualifier Questions (1/4)

- Open the Core Set report. At the top of the landing page, select Core Set Qualifier Questions to complete the required information.

MDCT | Quality Measure
Q M R Reporting

Logout

<

2026 Child Core Set Measures: Medicaid (inclusive of both Title XIX-funded Medicaid and Title XXI-funded Medicaid Expansion CHIP)

i

Mandatory Reporting

For 2026 Core Sets reporting, states are required to report the measures on the Child Core Set denoted as "Mandatory" in the measure list below. All other measures are available for voluntary reporting in 2026. More information on which measures are mandatory for 2026 is included in the [2026 Child Core Set Measure List](#).

States with Title XXI-funded Medicaid expansion CHIP are expected to report data for this population in the Medicaid report (along with the Title XIX-funded Medicaid population). More information on mandatory reporting requirements is included in the [2026 Updates to the Child and Adult Core Health Care Quality Measurement Sets and Mandatory Reporting Guidance State Health Official Letter](#).

For 2026 Core Sets reporting, states are expected to report stratified data for the following measures in the Child Medicaid report: AAB-CH, ADD-CH, AMR-CH, FUJ-CH, FUH-CH, LSC-CH, OEV-CH, PPC2-CH, W30-CH, and WCV-CH. For 2026 reporting, states may choose to report stratified data for WCC-CH instead of AMR-CH because AMR-CH is being retired in 2027.

Report Progress

i

Complete Core Set Qualifier Questions

Complete the Child Core Set Qualifier Questions before submitting the Core Set report.

Enter Qualifier Questions

🕒

Complete the below measures

Complete all Child Core Set Measures: Medicaid (inclusive of both Title XIX-funded Medicaid and Title XXI-funded Medicaid Expansion CHIP) to submit the Core Set report.

2 of 30

Total Measures Completed

Submit Core Set

Child Core Set Measures

Abbreviation	Measure	Mandatory	Reporting 2026	Status	Measure Actions
AAB-CH	Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis: Ages 3 Months to 17 Years	Mandatory	Yes	In Progress Jul 1, 2026 8:14 PM	



Centers for Medicare & Medicaid Services

Medicaid & CHIP

Health Care Quality Measures

Qualifier Questions (2/4)

- **The Child and Adult Qualifier Questions ask states to provide a general estimate of the ages covered by the program.**
 - For example, in the Child Medicaid report, states should note the ages of children covered by the state's Medicaid and Medicaid expansion CHIP programs, such as:
 - “[State]’s Medicaid (Title XIX-funded Medicaid and Title XXI-funded Medicaid expansion CHIP) program covers children under age 19.”
 - This information is used internally by CMS for context.

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Quality Measure
Reporting

< 2026 Child Core Set Qualifiers: Medicaid (inclusive of both Title XIX-funded Medicaid and Title XXI-funded Medicaid Expansion CHIP) Save

Child Core Set Qualifiers: Medicaid (inclusive of both Title XIX-funded Medicaid and Title XXI-funded Medicaid Expansion CHIP)

Please report data on Title XIX-funded Medicaid (Medicaid) and Title XXI-funded Medicaid expansion CHIP (Medicaid expansion CHIP) (if applicable for your state) here. If your state has separate CHIP, please report only Title XIX- funded Medicaid and Medicaid expansion CHIP children in this section. Report Separate CHIP on the Child Core Set – Separate CHIP page.

For technical questions regarding use of this application, please reach out to MDCT_help@cms.hhs.gov. For content-related questions, such as about measure specifications or what information to enter into each field, please reach out to MACQualityTA@cms.hhs.gov.

1. Generally, what are the ages of children covered in the state's Medicaid program (inclusive of Medicaid expansion CHIP, if applicable for the state)?

Qualifier Questions (3/4)

- Complete the delivery system field in the Qualifier Questions for each report.
- Approximate percentages are acceptable.
- Reporting Check: The percentages in each column should total 100%.

2. Delivery System

As of December 31, 2025, approximately what percentage of children in your state's Medicaid program (inclusive of Medicaid expansion CHIP, if applicable for the state) were enrolled in each delivery system?

Fee-for-Service	10	%
PCCM		%
Managed Care	90	%
Integrated Care Model (ICM)		%
+ Add Another		
Total	100.0	%

Qualifier Questions (4/4)

- To reduce reporting burden, CMS removed the following Qualifier Questions:
 - Audit or Validation of Measures
 - External Contractor questions
- States may provide additional information about these topics in the Additional Notes and Comments field, but doing so is optional.



3. Audit or Validation of Measures

Were any of the Core Set measures audited or validated?

☐ Yes, some of the Core Set measures have been audited or validated

☐ No, none of the Core Set measures have been audited or validated

4. External Contractor

Please indicate whether your state obtained assistance from one or more external contractors in collecting, calculating, and/or reporting Core Set data (optional).

☐ Yes, we did obtain assistance from one or more external contractors in collecting, calculating, and/or reporting Core Set data.

☐ No, we calculated all the measures internally.

Complete Fields in Order

- **When reporting on a measure, complete the fields in the order they appear.**
- **Information entered in earlier sections determines which fields appear later in the measure page.**
- **Note: Complete the entire Performance Measure section before entering stratified data.**
 - If a measure includes multiple rates, enter all Performance Measure rates first so the corresponding stratification fields appear correctly.

Status of Data Reported

- To reduce reporting burden, CMS has removed the “Status of Data Reported” question.
- States are no longer asked whether reported data are provisional or final.

Are you reporting on this measure?

- ☐ Yes, I am reporting Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis: Ages 3 Months to 17 Years (AAB-CH) for 2026 quality measure reporting.
- ☐ No, I am not reporting Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis: Ages 3 Months to 17 Years (AAB-CH) for 2026 quality measure reporting.

Status of Data Reported

What is the status of the data being reported?

- ☐ I am reporting provisional data.
- ☐ I am reporting final data.

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.

Data Collection Method (1/2)

- The former “Data Source” field is now called “Data Collection Method.”
- For each measure:
 - Select the data collection method(s).
 - Identify the specific data sources used for each data collection method.

Data Collection Method

If reporting entities (e.g., health plans) used different data collection methods, please select all that are applicable below.

☒ Administrative Data

What is the Administrative Data Source?

☒ Medicaid Management Information System (MMIS)

☐ Administrative Data Other

☐ Electronic Health Record (EHR) Data

☐ Other

Data Collection Method (2/2)

- If multiple data collection methods were used for a measure, describe:
 - Which reporting entities used each method.
 - How many plans or delivery systems used each method.

<

2026 LSC-CH (Medicaid (inclusive of both Title XIX-funded Medicaid and Title XXI-funded Medicaid Expansion CHIP))

Save

Print

✓ Saved 12 minutes ago

Data Collection Method

If reporting entities (e.g., health plans) used different data collection methods, please select all that are applicable below.

☒ Administrative Data

What is the Administrative Data Source?

☒ Medicaid Management Information System (MMIS)

☐ Administrative Data Other

☒ Hybrid (Administrative and Medical Records Data)

What is the Administrative Data Source?

☒ Medicaid Management Information System (MMIS)

☐ Administrative Data Other

What is the Medical Records Data Source?

☒ Electronic Health Record (EHR) Data

☐ Paper

☐ Other

For each data collection method selected above, describe which reporting entities used each (e.g., health plans, FFS). If the data collection methods differed across health plans or delivery systems, identify the number of plans or delivery systems that used each method (text in this field is included in publicly-reported state-specific comments).

6 plans and FFS reported using the Hybrid methodology. 2 plans reported using the Administrative methodology.

Electronic Clinical Data Systems (ECDS) Data Collection Method (1/2)

- States reporting the ECDS data collection method should identify the data sources used, including:
 - Administrative
 - Electronic health record (EHR)/personal health registry (PHR)
 - Health information exchange (HIE)
 - Clinical registry
 - Case management system
- States that used administrative data only for an ECDS measure should select **ECDS > Administrative**. Do not select “Other” data collection method.
- States can also provide additional context in the ECDS text field if needed.

Data Collection Method

If reporting entities (e.g., health plans) used different data collection methods or sources, please select all that are applicable below. If your state followed the 2026 Core Set technical specifications and used administrative data only, select ECDS > Administrative.

☒ Electronic Clinical Data Systems (ECDS)

☐ Administrative

☐ Electronic health record (EHR) / personal health registry (PHR)

☐ Health information exchange (HIE)

☐ Clinical registry

☐ Case management system

Optional - Describe the ECDS data source(s) used:

☐ Electronic Health Record (EHR) Data

☐ Other

ECDS Data Collection Method (2/2)

- For immunization measures, states may also select immunization registry/immunization information system (IIS) data sources under the ECDS method.

Data Collection Method

If reporting entities (e.g., health plans) used different data collection methods or sources, please select all that are applicable below. If your state followed the 2026 Core Set technical specifications and used administrative data only, select ECDS > Administrative.

☒ Electronic Clinical Data Systems (ECDS)

- ☐ Administrative
- ☐ Electronic health record (EHR) / personal health registry (PHR)
- ☐ Health information exchange (HIE)
- ☐ Immunization registry/Immunization information system (IIS)
- ☐ Clinical registry (other than immunization registry)
- ☐ Case management system

Optional - Describe the ECDS data source(s) used:

☐ Electronic Health Record (EHR) Data

☐ Other

Population Fields: Exclusions

- States should enter information about any 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.

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

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

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

[STATE] received a one-year exemption from reporting beneficiaries who move between plans for 2026.

Specify the size of the excluded measure-eligible population:

1000

Additional Notes/Comments

- Use this text box only for measure-specific information.
- Include only information that helps explain the reported data.
- Do not include information unrelated to the reported measure.
 - For example, states should not add a comment about stratified data or an Age 65 and Older rate for a measure that does not have an Age 65 and Older rate.

Age 65 and Older		
Numerator	Denominator	Rate
Additional Notes/Comments on the measure (optional) Please add any additional notes or comments on the measure not otherwise captured above (<i>text in this field is included in publicly-reported state-specific comments</i>): 		
Measure Stratification Instructions (Click to Expand) +		

Multiple Rates (1/2)

- If a mandatory measure has multiple rates, states must report data for each rate.
- If one or more states cannot be reported, states should explain why in the Additional Notes/Comments field.

2026 BCS-AD (Medicaid (inclusive of both Title XIX-funded Medicaid and Title XXI-funded Medicaid Expansion CHIP))

Save Print

✓ Saved in less than a minute

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

Ages 42 to 51

Numerator

348

Denominator

544

Rate

64.0

Ages 52 to 64

Numerator

157

Denominator

355

Rate

44.2

Ages 65 to 74

Numerator

Denominator

Rate

Additional Notes/Comments on the measure (optional)

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

Our state only has data available for the 42 to 51 and 52 to 64 age range.

Multiple Rates (2/2)

- **Review validation checks.**
 - For example, for some measures, all rates should have the same denominator.
 - For some measures, select rates must be larger than others based on the specifications.
- Use the [Data Quality Checklist](#) for specific guidance for measures with multiple rates and to verify your state's reported data.

< 2026 PPC2-CH (Medicaid (inclusive of both Title XIX-funded Medicaid and Title XXI-funded Medicaid Expansion CHIP)) Save Print

Timeliness of Prenatal Care: Under Age 21		
Numerator	Denominator	Rate
750	1000	75.0
Postpartum Care: Under Age 21		
Numerator	Denominator	Rate
800	1000	80.0

Age Ranges

- Some measures are divided between the Child and Adult Core Sets using different age ranges.
- States should use the Core Set age ranges when reporting.
- If your state must combine the child and adult populations for reporting, indicate that the measure was not calculated according to Core Set specifications.

< 2026 PPC2-CH (Medicaid (inclusive of both Title XIX-funded Medicaid and Title XXI-funded Medicaid Expansion CHIP)) Save Print

Timeliness of Prenatal Care: Under Age 21

Numerator	Denominator	Rate

Postpartum Care: Under Age 21

Numerator	Denominator	Rate

< 2026 PPC2-AD (Medicaid (inclusive of both Title XIX-funded Medicaid and Title XXI-funded Medicaid Expansion CHIP)) Save Print

Timeliness of Prenatal Care: Age 21 and Older

Numerator	Denominator	Rate

Postpartum Care: Age 21 and Older

Numerator	Denominator	Rate

Reporting When there are No Measure-Eligible Beneficiaries (1/3)

- 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 eligible beneficiaries for the measure or rate, enter zero in the numerator and/or denominator fields as appropriate. Examples include:
 - A Health Home Program covers follow-up care for a hospitalization, but no enrollees had a qualifying hospitalization.
 - No beneficiaries met the continuous enrollment criteria.
 - No beneficiaries met the event/diagnosis criteria.

< 2026 FUH-HH - Follow-Up After Hospitalization for Mental Illness Save Print

Follow-up within 30 days after discharge

Ages 6 to 17

Numerator	Denominator	Rate
0	0	0.0

Reporting When there are No Measure-Eligible Beneficiaries (2/3)

- If data are unavailable for a rate, and the state is not reporting the rate (but is reporting other rates for the measure):
 - Leave the fields blank.
 - Do not enter zeroes.
 - Explain the omission in the Additional Notes/Comments field.
 - For example, this might apply if (for a non-mandatory measure), the state has data for Age 18 and Older instead of Ages 18 to 64 and Age 65 and Older.

< 2026 HVL-AD (Medicaid (inclusive of both Title XIX-funded Medicaid and Title XXI-funded Medicaid Expansion CHIP)) Save Print

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

Ages 18 to 64

Numerator	Denominator	Rate
178	344	51.7

Age 65 and older

Numerator	Denominator	Rate

Additional Notes/Comments on the measure (optional)

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

No data available for age 65 and older.

Reporting When there are No Measure-Eligible Beneficiaries (3/3)

- If the program does not cover the services assessed in the measure:
 - Select “No, I am not reporting.”
 - 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.

Why are you not reporting on this measure?

Select all that apply:

- ☐ Service not covered
- ☐ Population not covered
- ☐ Data not available
- ☐ Small sample size (less than 30)
- ☒ Other

Explain:

Separate CHIP population not eligible for this measure.

Reporting CAHPS Survey Measures in the QMR System (1/2)

- 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 will calculate state-level results using the CAHPS data submitted to the Agency for Healthcare Research and Quality (AHRQ) CAHPS Health Plan Survey Database during the 2026 Database submission period in June 2026.
 - 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.

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Quality Measure
Reporting

Logout

< 2026 CPC-CH (Medicaid (inclusive of both Title XIX-funded Medicaid and Title XXI-funded Medicaid Expansion CHIP)) Save Print

CPC-CH: Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Health Plan Survey 5.1H - Child Version Including Medicaid and Children with Chronic Conditions Supplemental Items

For technical questions regarding use of this application, please reach out to MDCT_Help@cms.hhs.gov. For content-related questions about measure specifications, or what information to enter in each field, please reach out to MACQualityTA@cms.hhs.gov.

Did you collect this measure?

☐ Yes, we did collect data for the Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Health Plan Survey 5.1H - Child Version Including Medicaid and Children with Chronic Conditions Supplemental Items (CPC-CH) for 2026 quality measure reporting

☐ No, we did not collect data for the Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Health Plan Survey 5.1H - Child Version Including Medicaid and Children with Chronic Conditions Supplemental Items (CPC-CH) for 2026 quality measure reporting

Did you submit your CAHPS survey data to the AHRQ CAHPS Database during the June 2026 submission period?

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

☐ Yes, we submitted our CAHPS survey data to the AHRQ CAHPS Database during the June 2026 submission period.

☐ No, we did not submit our CAHPS survey data to the AHRQ CAHPS Database during the June 2026 submission period.

Reporting CAHPS Survey Measures in the QMR System (2/2)

- States will continue to have two reporting options for the *Medical Assistance with Smoking and Tobacco Use Cessation (MSC-AD)* measure for 2026.
 - CMS can calculate state-level performance results using data submitted to the AHRQ CAHPS Database.
 - Alternatively, states may report performance data for this measure in the QMR system.
- If data are submitted in both systems, states may choose which results are used for public reporting.

[<](#) 2026 MSC-AD (Medicaid (inclusive of both Title XIX-funded Medicaid and Title XXI-funded Medicaid Expansion CHIP)) [Save](#) [Print](#)

MSC-AD: Medical Assistance with Smoking and Tobacco Use Cessation

For technical questions regarding use of this application, please reach out to MDCT_Help@cms.hhs.gov. For content-related questions about measure specifications, or what information to enter in each field, please reach out to MACQualityTA@cms.hhs.gov.

Did you collect this measure?

☐ Yes, we did collect data for Medical Assistance with Smoking and Tobacco Use Cessation (MSC-AD) for 2026 quality measure reporting.

☐ No, we did not collect data for Medical Assistance with Smoking and Tobacco Use Cessation (MSC-AD) for 2026 quality measure reporting.

Did you submit your CAHPS survey data to the AHRQ CAHPS Database during the June 2026 submission period?

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

☐ Yes, we submitted our CAHPS survey data to the AHRQ CAHPS Database during the June 2026 submission period.

☐ No, we did not submit our CAHPS survey data to the AHRQ CAHPS Database during the June 2026 submission period.

Combined Medicaid and CHIP Rates

- **REMINDER:** To reduce state burden, the QMR system automatically calculates 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:** Select “View Combined Rates” on the landing page.
- **Combined rates update automatically** when states make changes to their data.
- **States without separate CHIP** will not see this button.

2026 Core Set Measures Reporting			Reporting Year
Complete each group of Core Set Measures below. Once a group is completed it can be submitted to CMS for review.			2026 Core Set
			View Combined Rates
Core Set Name	Type	Status	Core Set Actions
Child Core Set Measures: Medicaid (inclusive of both Title XIX-funded Medicaid and Title XXI-funded Medicaid Expansion CHIP)	Child	In Progress 2 of 30 complete	⋮
Child Core Set Measures: Separate CHIP	Child	Complete 30 of 30 complete	⋮
Adult Core Set Measures: Medicaid (inclusive of both Title XIX-funded Medicaid and Title XXI-funded Medicaid Expansion CHIP)	Adult	In Progress 1 of 36 complete	⋮
Adult Core Set Measures: Separate CHIP	Adult	In Progress 1 of 36 complete	⋮

Calculating Combined Medicaid and CHIP Rates

- Combined Medicaid and CHIP rates are calculated automatically.
- A TA resource that explains the calculation methodology is available at <https://www.medicaid.gov/quality-of-care/downloads/QMRCoreSetCombinedRates.pdf>
- [Appendix C](#) describes situations in which combined rates will not be calculated. Examples include:
 - “Other” specifications
 - “Other” data collection method

Measures used to calculate combined rates:

- [Medicaid - AAB-AD - Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis: Age 18 And Older](#)
- [Separate CHIP - AAB-AD - Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis: Age 18 And Older](#)

< 2026 AAB-AD Combined Rates

Ages 18 to 64

	Medicaid	Separate CHIP	Combined Rate
Numerator	45	34	79
Denominator	463	45	508
Rate	90.3	24.4	84.4

Submitting a Report

- After completing all measures and Qualifier Questions in a Core Set report, select “Submit” in the upper right corner of the report.
- If changes are made during the preview period, resubmit the report after all updates are complete.

The screenshot shows the MDCT Quality Measure Reporting interface. At the top, there's a header with 'MDCT Q M R' and 'Quality Measure Reporting', and a 'Logout' link. Below the header, the page title is '2026 Child Core Set Measures: Separate CHIP'. A light blue box contains a 'Mandatory Reporting' section with an information icon. The text explains that for 2026 Core Sets reporting, states are required to report all measures on the Child Core Set, with new measures denoted as 'Provisional'. It also mentions that for 2026 Core Sets reporting, states are expected to report stratified data for specific measures: FUH-CH, OEV-CH, PPC2-CH, W30-CH, and WCV-CH. Below this, the 'Report Progress' section shows two items: 'Complete Core Set Qualifier Questions' with a green checkmark and a button 'Enter Qualifier Questions', and 'Complete the below measures' with a green checkmark and a button 'Submit Core Set'. A progress indicator shows '30 of 30' total measures completed.

MDCT Q M R | Quality Measure Reporting [Logout](#)

< 2026 Child Core Set Measures: Separate CHIP

Mandatory Reporting

For 2026 Core Sets reporting, states are required to report all of the measures on the Child Core Set (denoted as “Mandatory” in the measure list below). New measures are denoted as “Provisional” in the measure list below and are available for voluntary reporting in 2026. 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 State Health Official Letter](#).

For 2026 Core Sets reporting, states are expected to report stratified data for the following measures in the Child Separate CHIP report: FUH-CH, OEV-CH, PPC2-CH, W30-CH, and WCV-CH.

Report Progress

✓ **Complete Core Set Qualifier Questions**
Complete the Child Core Set Qualifier Questions before submitting the Core Set report. [Enter Qualifier Questions](#)

✓ **Complete the below measures**
Complete all Child Core Set Measures: Separate CHIP to submit the Core Set report. [Submit Core Set](#)

30 of 30 Total Measures Completed

Data Preview Process

The State Data Preview Process (1/2)

- The preview process provides states the opportunity to review all data that may be used for public reporting.
- After report submission, CMS and the TA team will send a data preview to the state QMR users.
- ★
 - **TIP:** Confirm that everyone who should receive the preview is registered as a QMR user.
 - 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 from:
CoreSetDataPreview@mathematica-mpr.com.
- Potential data quality issues are flagged automatically in the preview reports. States should review flagged data carefully and make any needed updates in the QMR system.

The State Data Preview Process (2/2)

- **All changes must be made in the QMR system.**
 - Any additional context intended for public reporting (such as explanations of excluded populations or variations) must be entered in the QMR system.
- **After 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 preview period ends, the QMR system closes for reporting, and additional updates are not included in public reporting. A banner will announce this in the QMR system.**

Automated State-Specific Comments (SSCs)

- **SSCs:**
 - Summarize important reporting context.
 - Accompany publicly reported Core Set results, including the Core Set Data Dashboard, Quality Measures Dataset, and the MAC Scorecard (for applicable measures).
 - Are generated automatically from selected fields in the QMR system.
 - Include information about delivery systems, populations, data sources, methodological variations, 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.
- **In QMR, text fields that are incorporated into SSCs are flagged with a note.**
- **The state data preview will include the automated SSCs. Review SSCs carefully for clarity and accuracy during the preview process.**
- **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 wording across measures, as applicable.**
- ✓ **Include only information relevant to the QMR field.**
- ✓ **Document reporting variations and approved exemptions.**

Don’t:

- ✗ **Include non-alphanumeric characters (such as symbols), undefined acronyms, health plan or contractor names, and special formatting (such as bullets).**
- ✗ **Repeat information in multiple fields. For example, do not repeat the same information in the Variations and Additional Notes fields, as this will result in duplication in the SSCs.**
- ✗ **Include notes that a state *adhered* to specifications (only include notes about variations).**
- ✗ **Include notes about populations exempt from 2026 Child and Adult Core Sets reporting for all states.¹**

¹ <https://www.hhs.gov/guidance/sites/default/files/hhs-guidance-documents/AID/sho24007.pdf>

TA for the State Data Preview and SSCs

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

Core Set Reporting Resources

Core Set Reporting Resources

- **Links to reporting resources for the 2026 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 2026 Core Set Reporting

- For technical questions regarding use of the QMR system, contact 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, contact CoreSetDataPreview@mathematica-mpr.com.

Reporting Resources: Index of Appendices

Appendix	Topic
Appendix A	2024 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 2026 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

Questions?

Please use the Slido Q&A feature.

Appendix A: 2024 Reporting Products

Coming soon! 2025 Products

2024 Child, Adult, and Health Home Core Set Data Products on Medicaid.gov

- **Fact Sheet for Core Set Reporting, 2024**

- Child and Adult: <https://www.medicaid.gov/medicaid/quality-of-care/downloads/2024-core-set-reporting.pdf>
- 1945 Health Home: <https://www.medicaid.gov/resources-for-states/downloads/2024-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>
- Health Home: COMING SOON

- **Measure Performance Tables for the Core Set Measures, 2024**

- 1945 Health Home: <https://www.medicaid.gov/resources-for-states/downloads/hh-2024-mpts.zip>

- **Health Quality Measures Dataset, 2024**

- Child: <https://data.medicaid.gov/dataset/a5023394-ab10-465b-bb4a-7de5ac98d90c>
- Adult: <https://data.medicaid.gov/dataset/a5023394-ab10-465b-bb4a-7de5ac98d90c>

- **Chart Pack, 2024**

- 1945 Health Home: <https://www.medicaid.gov/resources-for-states/downloads/2024-health-home-chart-pack.pdf>



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

Data Completeness Reporting Tips: Reporting Denominators for Hybrid Method

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

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

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

Data Completeness Reporting Tips: Hybrid Method Reporting Example

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

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

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

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

Data Completeness Reporting Tips:

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

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

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>.

Data Completeness Reporting Tips:

State-Level Rate* Example with Administrative and Hybrid Data

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

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

- Report the total measure-eligible population of 85,000 in the “Denominator” field and in the “What is the measure-eligible population” field.
- Report that state combined rates across multiple reporting units and that “The rates are weighted based on the size of the measure-eligible population for each reporting unit.”
- Select both Administrative and Hybrid in the data source field.
- For weighted rates, states may need to override the auto-calculated rate in the QMR system!

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

Data Completeness Reporting Tips: Delivery System Data Fields (1/4)

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 (2/4)

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%

Data Completeness Reporting Tips: Delivery System Data Fields (3/4)

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 (4/4)

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.”

< 2026 CBP-AD (Medicaid (inclusive of both Title XIX-funded Medicaid and Title XXI-funded Medicaid Expansion CHIP))

Save Print

✓ Saved in less than a minute

Ages 18 to 64		
Numerator	Denominator	Rate
1000	3000	33.3
Ages 65 to 85		
Numerator	Denominator	Rate

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

Additional Notes/Comments on the measure (optional)

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

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

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

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

Data Accuracy and Consistency Reporting Tips

- **Reporting rates in the QMR system**
 - The QMR system calculates the rate based on the reported numerator and denominator.
 - For measures calculated using data methods 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 collection methods, 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.**
- **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 2026 corresponds to calendar year 2025.**
- **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 2026, 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, 2024, to February 28, 2025).**
- **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 2026 Child Core Set specifications and based the denominator on prescriptions from March 2024 to February 2025 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 2021-2025 data at this point will not be used for public reporting or data products.

2026 Core Set Measures Reporting

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

Core Set Name	Type	Status	
Child Core Set Measures: Medicaid (inclusive of both Title XIX-funded Medicaid and Title XXI-funded Medicaid Expansion CHIP)	Child	In Progress 2 of 30 complete	
Child Core Set Measures: Separate CHIP	Child	In Progress 2 of 30 complete	
Adult Core Set Measures: Medicaid (inclusive of both Title XIX-funded Medicaid and Title XXI-funded Medicaid Expansion CHIP)	Adult	In Progress 1 of 36 complete	
Adult Core Set Measures: Separate CHIP	Adult	In Progress 1 of 36 complete	

Reporting Year

2026 Core Set

2021 Core Set

2022 Core Set

2023 Core Set

2024 Core Set

2025 Core Set

2026 Core Set

Banner Reminders

- States will see a banner across the top of the home page with important updates. It currently provides guidance that 2026 reporting is open and runs through December 31, 2026.

The screenshot shows the MDCT QMR Reporting interface. At the top, there is a dark blue header with the text "MDCT Q M R | Quality Measure Reporting" and a "Logout" button. Below the header, the main content area is titled "Core Set Measures". A prominent light blue banner with a red border contains an information icon and the text: "2026 Reporting. The QMR system is now open for 2026 Child, Adult, and Health Home Core Sets reporting through December 31, 2026. States can view 2021-2025 Core Set data but any changes made to that data will not be included in public reporting." Below this banner, the section is titled "2026 Core Set Measures Reporting". To the right of this title is a "Reporting Year" dropdown menu currently set to "2026 Core Set". Below the title, there is a instruction: "Complete each group of Core Set Measures below. Once a group is completed it can be submitted to CMS for review." At the bottom right of the section is a button labeled "View Combined Rates".

MDCT Q M R | Quality Measure Reporting Logout

Core Set Measures

2026 Reporting
The QMR system is now open for 2026 Child, Adult, and Health Home Core Sets reporting through December 31, 2026. States can view 2021-2025 Core Set data but any changes made to that data will not be included in public reporting.

2026 Core Set Measures Reporting

Reporting Year
2026 Core Set

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

[View Combined Rates](#)

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.

[<](#) 2026 Child Core Set Qualifiers: Medicaid (inclusive of both Title XIX-funded Medicaid and Title XXI-funded Medicaid Expansion CHIP)

Save

Print

Complete all Child Core Set Questions and Child Core Set Measures to submit to CMS

Complete all Child Core Set Questions and Child Core Set Measures to submit to CMS for review.

Validate Core Set Questions

Complete Core Set Questions

Measure Reporting

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

[<](#) 2026 CBP-AD (Separate CHIP) [Save](#) [Print](#)

CBP-AD: Controlling High Blood Pressure

For technical questions regarding use of this application, please reach out to MDCT_Help@cms.hhs.gov. For content-related questions about measure specifications, or what information to enter in each field, please reach out to MACQualityTA@cms.hhs.gov.

Are you reporting on this measure?

☐ Yes, I am reporting Controlling High Blood Pressure (CBP-AD) for 2026 quality measure reporting.

☒ No, I am not reporting Controlling High Blood Pressure (CBP-AD) for 2026 quality measure reporting.

Why are you not reporting on this measure?

Select all that apply:

☐ Service not covered

☐ Population not covered

☐ Data not available

☐ Small sample size (less than 30)

☐ Other

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.

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

40-64

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

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

Numerator	Denominator	Rate

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

40-64

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

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

Numerator	Denominator	Rate

Other Performance Measure Error
Rate name required

Other Performance Measure Error
Measure description must be unique.

Auto-calculation: Administrative Only Data Collection Method

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

[<](#) 2026 AMR-AD (Separate CHIP) Save Print

Total (Ages 19 to 64)

Numerator	Denominator	Rate
3034	4653	65.2

Auto-calculation: Hybrid or Multiple Data Collection Methods

- If a measure's data collection method is Hybrid or multiple methods, states can 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 collection methods, they can leave the Numerator blank and manually enter their rate.¹

< 2026 DEV-CH (Separate CHIP) Save Print
✓ Submitted about 18 hours ago

Children screened by 12 months of age		
Numerator	Denominator	Rate
	1000	55.0
Children screened by 24 months of age		
Numerator	Denominator	Rate
	2000	40.0
Children screened by 36 months of age		
Numerator	Denominator	Rate
	1500	10.0
Children Total		
Numerator	Denominator	Rate
	4500	33.3

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>.

Auto-calculation

- 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.

< 2026 CIS-CH (Separate CHIP)

Save

Print

✓ Saved less than a minute ago

Validate Measure

Complete Measure

Clear Data

! Performance Measure Error

Should not have partially filled NDR sets for Combination 3.

×

! Performance Measure Error

Should not have partially filled NDR sets for Combination 7.

×

! Performance Measure Error

Should not have partially filled NDR sets for Combination 10.

×

Reasons a Combined Rate Will Not be Calculated (1/4)

- **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 collection method.
- **If a state does not include this needed information, they will receive a warning.**

 **Data Collection Method Error**
You must select a data collection method



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



Reasons a Combined Rate Will Not be Calculated (2/4)

- **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 collection method alone or in combination with other data collection methods (i.e., Administrative or Hybrid).

This is because it may not be appropriate or feasible to combine rates using these other methodologies with the information available in QMR.
- **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).**

Reasons a Combined Rate Will Not be Calculated (3/4)

- 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.

[<](#) 2026 AMR-AD (Separate CHIP) [Save](#) [Print](#)

Measurement Specification

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

Did your state use 2026 Adult Core Set measure specifications, which are based on National Committee for Quality Assurance (NCQA)/Healthcare Effectiveness Data and Information Set (HEDIS) Measurement Year 2025 specifications to calculate this measure?

☐ Yes, our state used 2026 Core Set specifications to calculate this measure.

☒ No, our state used Other specifications to calculate this measure.

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

Please Note

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

Reasons a Combined Rate Will Not be Calculated (4/4)

- 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.”

< 2026 BCS-AD Combined Rates			
Ages 52 to 64			
	Medicaid	Separate CHIP	Combined Rate
Numerator	35	Not Applicable	
Denominator	252	Not Applicable	
Rate	13.9	-	13.9

Printing from the QMR System

- To print all measures from the QMR system, select “Export” from the action menu and select “Print PDF.”

MDCT
Q M R

Quality Measure
Reporting

Logout

Core Set Measures

2025 Reporting

The QMR system is now open for 2025 Child, Adult, and Health Home Core Sets reporting through December 31, 2025. States can view 2021-2024 Core Set data but any changes made to that data will not be included in public reporting.

2026 Core Set Measures Reporting

Reporting Year
2026 Core Set

View Combined Rates

Core Set Name	Type	Status	Core Set Actions
Child Core Set Measures: Medicaid (inclusive of both Title XIX-funded Medicaid and Title XXI-funded Medicaid Expansion CHIP)	Child	In Progress 2 of 30 complete	Export Complete All Measures Reset All Measures
Child Core Set Measures: Separate CHIP	Child	In Progress 4 of 30 complete	
Adult Core Set Measures: Medicaid (inclusive of both Title XIX-funded Medicaid and Title XXI-funded Medicaid)	Adult	In Progress	

Quality Measure
Reporting

PRINT PDF

Click on one of the measures below to navigate to it.

CSQ

AAB-CH

ADD-CH

AMR-CH

APM-CH

APP-CH

CCP-CH

CCW-CH

CDF-CH

CHL-CH

CIS-CH

CPC-CH

DEV-CH

FUA-CH

FUH-CH

FUM-CH

IMA-CH

LBW-CH

LRCD-CH

LSC-CH

OEV-CH

OEVP-CH

PDS-CH

PND-CH

PPC2-CH

PRS-CH

SFM-CH

TFL-CH

W30-CH

WCC-CH

WCV-CH

Appendix D: TA Resources

Resources for 2026 Child Core Set Reporting

Resource	Medicaid.gov Link
2026 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
2026 Core Set Measure List	https://www.medicaid.gov/medicaid/quality-of-care/downloads/2026-child-core-set.pdf
2026 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 2026	https://www.medicaid.gov/medicaid/quality-of-care/downloads/child-core-set-updates.pdf
2026 Data Quality Checklist	https://www.medicaid.gov/medicaid/quality-of-care/downloads/child-adult-healthhomes-data-quality-checklist.pdf
2026 Measurement Period Table	https://www.medicaid.gov/medicaid/quality-of-care/downloads/2026-child-core-set-measurement-periods.pdf

Resources for 2026 Adult Core Set Reporting

Resource	Medicaid.gov Link
2026 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
2026 Core Set Measure List	https://www.medicaid.gov/medicaid/quality-of-care/downloads/2026-adult-core-set.pdf
2026 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 2026	https://www.medicaid.gov/medicaid/quality-of-care/downloads/adult-core-set-updates.pdf
2026 Data Quality Checklist	https://www.medicaid.gov/medicaid/quality-of-care/downloads/child-adult-healthhomes-data-quality-checklist.pdf
2026 Measurement Period Table	https://www.medicaid.gov/medicaid/quality-of-care/downloads/2026-adult-core-set-measurement-periods.pdf

Resources for 2026 1945 Health Home Core Sets Reporting

Resource	Medicaid.gov Link
2026 Core Set Resource Pages	https://www.medicaid.gov/resources-for-states/medicaid-state-technical-assistance/health-home-information-resource-center/health-home-quality-reporting
2026 Core Set Measure List	https://www.medicaid.gov/medicaid/quality-of-care/downloads/2026-1945-health-home-core-set.pdf
2026 Resource Manual and Technical Specifications	https://www.medicaid.gov/state-resource-center/medicaid-state-technical-assistance/downloads/2026-1945-HH-core-set-manual.pdf
Summary of updates to the resource manual and technical specifications for 2026	https://www.medicaid.gov/state-resource-center/medicaid-state-technical-assistance/downloads/1945-hh-change-summary-2026.pdf
2026 Data Quality Checklist	https://www.medicaid.gov/state-resource-center/medicaid-state-technical-assistance/downloads/data-quality-checklist-for-states-2026.pdf
2026 Measurement Period Table	https://www.medicaid.gov/state-resource-center/medicaid-state-technical-assistance/downloads/1945-hh-core-set-measurement-period-table-2026.pdf
2026 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 2026 Child, Adult, and Health Home Core Set Reporting (1/2)

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 2026 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	Transitioning to Digital Quality Measures in the 2026 Child, Adult, and Health Home Core Sets (https://www.medicaid.gov/medicaid/quality-of-care/downloads/digital-quality-measures-ta-resource.pdf)

Additional Resources for 2026 Child, Adult, and Health Home Core Set Reporting (2/2)

Measure(s)	Resource
AIF-HH	Updated: Calculating the Admission to a Facility from the Community (AIF-HH) Measure in the 2026 Health Home Core Set (https://www.medicaid.gov/state-resource-center/downloads/2026-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	CAHPS Fact Sheet (https://www.medicaid.gov/medicaid/quality-of-care/downloads/cahpsfactsheet.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 2026 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 2026 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) <i>Note that the PQI measures in the Adult Core Set are reported as a rate per 100,000 beneficiary/enrollee months (not per 100,000 beneficiaries/enrollees)</i>

Appendix E: Acronym List

Acronym List (1/3)

This list contains acronyms used in this slide deck and commonly mentioned throughout the QMR system:

Acronym	Term
AHRQ	Agency for Healthcare Research and Quality
CAHPS	Consumer Assessment of Healthcare Providers and Systems
CBSA	Core-Based Statistical Areas
CHIP	Children's Health Insurance Program
CMCS	Center for Medicaid and CHIP Services
CMS	Centers for Medicare & Medicaid Services
CY	Calendar year
ECDS	Electronic Clinical Data Systems
EHR	Electronic Health Records
FCEP	From-conception-to-end of pregnancy
FFS	Fee-for-service

Acronym List (2/3)

This list contains acronyms used in this slide deck and commonly mentioned throughout the QMR system:

Acronym	Term
HEDIS	Healthcare Effectiveness Data and Information Set® <i>The Healthcare Effectiveness Data and Information Set (HEDIS) is a registered trademark of NCQA.</i>
HHS	U.S. Department of Health and Human Services
HIE	Health information exchange
IIS	Immunization Information System
MCO	Managed care organization
MY	Measurement year
OMB	Office of Management and Budget
PHR	Personal health registry
PM	Performance measure
QMR	Quality Measure Reporting system

Acronym List (3/3)

This list contains acronyms used in this slide deck and commonly mentioned throughout the QMR system:

Acronym	Term
RM	Resource manual
RUCA	Rural-Urban Community Area
SPA	State Plan Amendment
SHO	State Health Official letter
SSA	Social Security Act
SSC	State-specific comment
TA	Technical assistance