

Reporting Stratified Results in the Quality Measure Reporting System for the 2021 and 2022 Child, Adult, and Health Home Core Sets

Introduction

The Child, Adult, and Health Home Core Sets of health care quality measures are designed to measure the overall quality of care for beneficiaries, monitor performance, and improve the quality of health care in Medicaid, the Children’s Health Insurance Program (CHIP), and the Medicaid health home program.

Reporting stratified results for Core Set measures is a priority for the Centers for Medicare & Medicaid Services (CMS) as it supports CMS’s goal of advancing health equity. Relying on state- and program-level data could mask important differences and disparities across subpopulations that could be identified through stratified data. In addition, stratification by population characteristics can help focus quality improvement initiatives and priorities.

Reporting Stratified Data in the Quality Measure Reporting (QMR) System

States can report stratified rates for all Core Set measures in the QMR system. For each measure, the Optional Measure Stratification (OMS) section can be found toward the bottom of the reporting template.

Overview of stratification categories in the QMR system

Box 1 lists the stratification categories and subcategories in the OMS section for federal fiscal years (FFYs) 2021 and 2022. Note that the subcategories might differ by measure. For example, some measures are specified for female beneficiaries and do not have the Sex stratification category.

For several categories (Asian, Native Hawaiian or Other Pacific Islander, and Hispanic or Latino), states can choose to report aggregate data for the category or further stratify by subcategory, as shown in Box 1.

Box 1: Stratification Categories and Subcategories in the QMR System

- **Race**
 - White
 - Black or African American
 - American Indian or Alaska Native
 - Asian
 - Asian Indian; Chinese; Filipino; Japanese; Korean; Vietnamese; Other Asian
 - Native Hawaiian or Other Pacific Islander
 - Native Hawaiian; Guamanian or Chamorro; Samoan; Other Pacific Islander
- **Ethnicity**
 - Not Hispanic, Latino/a, or Spanish origin
 - Hispanic or Latino
 - Mexican, Mexican American, Chicano/a; Puerto Rican; Cuban; Another Hispanic, Latino/a, or Spanish origin
- **Sex**
 - Male
 - Female
- **Primary Language (including sign language)**
 - English
 - Spanish
- **Disability Status**
 - SSI
 - Non-SSI
- **Geography**
 - Urban
 - Rural
- **Adult Eligibility Group (ACA Expansion Group)**
(Adult Core Set only)

For example, states could report data for an aggregate Asian category, or disaggregate data by Asian Indian, Chinese, Filipino, Japanese, Korean, Vietnamese, and Other Asian subcategories. For these items, the user will be asked if they are reporting only top-level (aggregate) data for the given category. If the user wants to report subcategories, select ‘No,’ and additional fields will appear. States can add as many additional categories and subcategories as needed. Box 2 provides more information about reporting data by Race and Ethnicity.

Box 2. Reporting Race and Ethnicity in the QMR System

- Race and ethnicity are collected as separate variables in the QMR system for FFYs 2021 and 2022 reporting.
- States reporting stratified race data should disregard the parenthetical “(Non-Hispanic)” label because the Race category is independent of the Ethnicity category.
- If an individual with Hispanic or Latino ethnicity does not have a reported race, their race should be considered missing. See the “Adding more categories and subcategories” section of this document for guidance on reporting missing data.

Entering stratified data in the QMR System

The QMR system is programmed to offer users categories based on responses to earlier questions. If reporting stratified data, first complete the state-level or health home program-level rates in the Performance Measure section of the QMR system before entering stratified data.

Numerator, denominator, and rate sets will appear only in the OMS section for the state- and program-level rates reported in the Performance Measure section. For example, if a state reports the Ages 18 to 64 rate in the Performance Measure section but not the Age 65 and Older rate, only the Ages 18 to 64 rate will appear in the OMS section. When entering data, pay careful attention to the order of the rates in the OMS section as they might differ from the order in the Performance Measure section.

To complete the OMS section in the QMR system, select each stratification category the state will report and, in each category, report the numerator, denominator, and rate for each population and rate for which data are available. For example, if a state is reporting stratified data by race for the Ages 18 to 64 population and has data for White, Black or African American, Asian, and Native Hawaiian or Other Pacific Islander populations, they would select only those categories and enter numerators, denominators, and rates for each one. In this example, the Ages 18 to 64 American Indian or Alaska Native category and Age 65 and Older for all race

categories would not be selected because data are not available.

Adding more categories and subcategories

Within certain stratification categories (Race, Ethnicity, Sex, Primary Language, Disability Status, and Geography), states can add as many additional categories as needed to represent their data. If adding a category, states should give it a descriptive label (such as “More than One Race”). States can also add stratification categories to capture information for people with missing or unknown values for the listed stratification categories. Note that states are not able to add more categories to Sex and Adult Eligibility Group.

If a state does not have data for a selected category or subcategory, enter zero in the numerator and denominator. For example, if a health home program is reporting data by race, but there are no beneficiaries in a race category for a given rate, then enter zero in the numerator and denominator. Note that a warning may appear in the QMR system about a missing numerator, denominator, and rate set. If this occurs, disregard this message and complete the measure.

For More Information

CMS created several technical assistance (TA) resources to support Core Sets reporting in the QMR system:

- Guidance on accessing the QMR system and system training videos are available in the Medicaid Data Collection Tool (MDCT) portal:
<https://www.medicaid.gov/resources-for-states/medicaid-and-chip-program-portal/medicaid-data-collection-tool-mdct-portal/index.html>.
- A training with guidance and tips on data entry in the QMR system is available on Medicaid.gov:
<https://www.medicaid.gov/medicaid/quality-of-care/performance-measurement/adult-and-child-health-care-quality-measures/child-core-set-reporting-resources/index.html>.
- The Data Quality Checklist provides guidance for states on improving the completeness, accuracy, consistency, and documentation of data reported in the QMR system:
<https://www.medicaid.gov/medicaid/quality-of-care/downloads/child-adult-healthhomes-data-quality-checklist.pdf>.

If your state has questions about reporting stratified data for the Core Sets, please contact the TA mailbox at MACQualityTA@cms.hhs.gov.