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# **Core Sets Reporting and the Foundations of Digital Quality Measures (dQMs)**

**April 30, 2026**

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# Technical Instructions

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- All participants are muted upon entry.
- To enable **closed captioning**, click on the “CC” icon in the lower-left corner of the screen or click “Ctrl, Shift, A” on your keyboard.
- A **recording of the meeting and slides** will be available after the webinar on Medicaid.gov.
- There will be a **Questions and Discussions session** at the end of the webinar.
- If you experience any technical issues, please use the **Slido Q&A** feature to send a message and we will assist you.

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# **CMCS Remarks**

**Gigi Raney, CMCS**

# Overview and Objectives

- **Today's webinar provides Medicaid and CHIP staff with foundational information on digital quality measures (dQMs), including:**
  - The Centers for Medicare & Medicaid Services' (CMS) expectations and how dQMs relate to the Core Sets, and
  - Two states' experiences with transitioning to digital quality reporting.
- **Objectives:**
  - Enhance state Medicaid and CHIP staff understanding of dQMs and how they pertain to Core Sets reporting.
  - Guide state planning along the journey toward dQM reporting.
  - Inform future technical assistance (TA) offerings.

# Agenda

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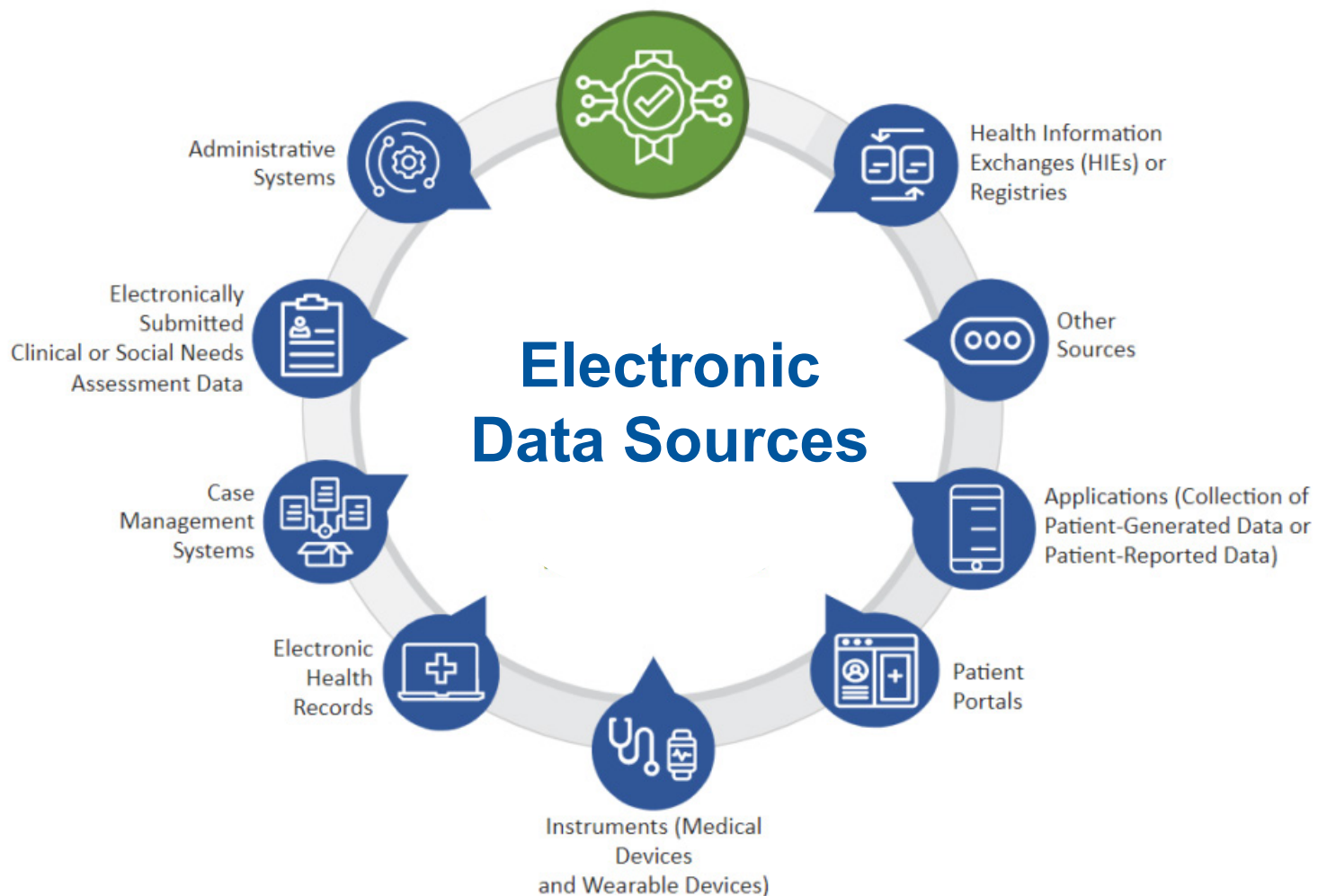
- **dQM Foundations**
- **Electronic Clinical Data Systems (ECDS) and Core Sets Reporting**
- **State speakers:**
  - **Arizona**
    - Georgette Chukwuemeka, Strategic Performance Administrator
    - Lindsey Irelan, Quality Improvement Supervisor
  - **Connecticut**
    - Caroline Anyzeski, Health Program Assistant 2
    - Karen Dubois, Director of Quality Management at Community Health Network of CT
- **Questions and discussion**
- **Technical assistance resources**

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# dQM Foundations

# What are dQMs?

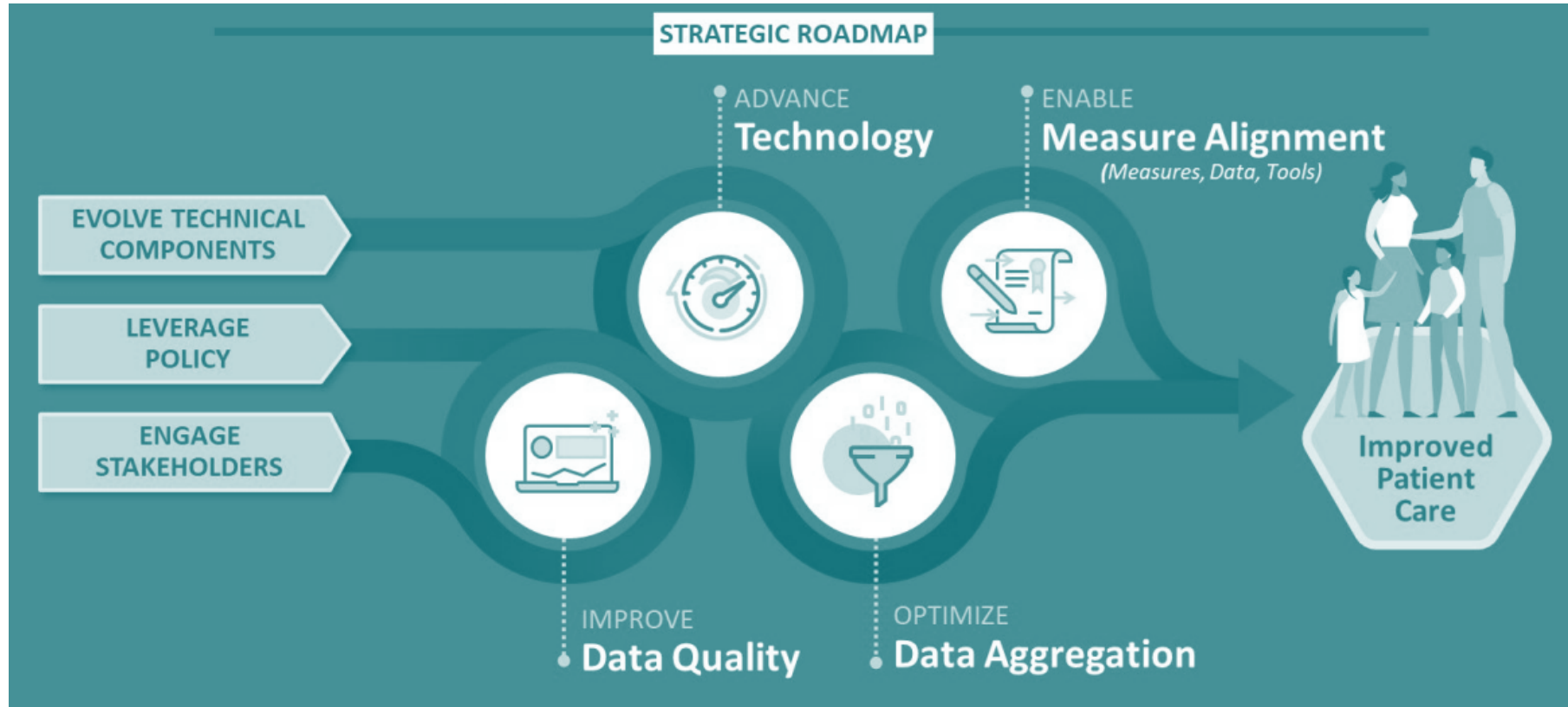
CMS defines dQMs as self-contained measure specifications and code packages. dQMs use one or more sources of health information (shown on the right) that are captured and can be transmitted electronically via interoperable systems.



Source: Electronic Clinical Quality Improvement (eCQI). "Digital Data Sources". [https://ecqi.healthit.gov/dqm?qt-tabs\\_dqm=about-dqms](https://ecqi.healthit.gov/dqm?qt-tabs_dqm=about-dqms).

# CMS's Digital Quality Measurement Roadmap

CMS identifies four domains that guide the transition to dQMs: 1) improve data quality; 2) advance technology; 3) optimize data aggregation; and 4) enable measure alignment.



Source: Centers for Medicare & Medicaid Services. 2022. "Digital Quality Measurement Strategic Roadmap." ECQI Resource Center. [https://ecqi.healthit.gov/sites/default/files/CMSdQMStrategicRoadmap\\_032822.pdf](https://ecqi.healthit.gov/sites/default/files/CMSdQMStrategicRoadmap_032822.pdf).

# CMS Expectations

- **CMS is transitioning quality programs toward the use of dQMs, which are designed to reduce administrative burden and costs, reduce the likelihood of manual data entry and interpretation errors, and provide more timely quality assessments by enabling automated, standardized data analysis directly from electronic data sources.**
- **The Child, Adult, and 1945 Health Home Core Set Resource Manuals reflect an initial step in this transition. The manuals include:**
  - Links to Electronic Clinical Quality Measure (eCQM) specifications that are similar to Core Set specifications.
  - Electronic Clinical Data Systems (ECDS) specifications for Core Set reporting.
- **CMS recognizes that states are in varying stages of readiness to report dQMs, and that the timing of implementation across different quality reporting programs may vary.**
  - CMS encourages states and their partners to incorporate additional digital data sources into Core Set reporting.
  - States may continue using administrative data to calculate Core Set measures that include ECDS reporting specifications.

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# ECDS and Core Sets Reporting

# ECDS vs. dQMs

## ECDS

- Expands the use of electronic data sources (i.e., electronic health records [EHRs], clinical registries, health information exchanges [HIEs], immunization registries, etc.)
- Can be reported using human readable specifications developed for Core Set reporting or digitally reported.

Supports interoperability by using standardized, machine-readable specifications and structured electronic data to enable consistent calculation for automated quality measurement

## dQMs

- Uses one or more sources of health information that are captured and can be transmitted electronically via interoperable systems
- Computer interpretable, fully specified, standards-based (i.e., Fast Healthcare Interoperability Resources [FHIR] - Clinical Quality Language [CQL]) measure content

# **ECDS Reporting Specifications for Core Set Measures**

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**Several 2026 Core Set measures based on HEDIS specifications are specified for the ECDS reporting methodology.**

- States may use one or multiple electronic data sources for ECDS reporting.**
- States are not required to use all allowable ECDS data sources in the specifications for a measure. Therefore, states can report results based on administrative claims data while they evolve their access to additional data sources.**

# Traditional Quality Measure Reporting vs. ECDS

## Traditional Quality Measures

Traditional quality measures often rely on administrative claims and manual medical record review or both – under the hybrid methodology.

### Measure format:

- Human-readable narrative non-digital format

## ECDS

ECDS is a reporting methodology used by the National Committee for Quality Assurance (NCQA) that expands the electronic data sources that can be used for quality measurement (e.g., claims, EHRs, HIE/registry data).

### Measure format:

- Human-readable narrative non-digital format
- Digital format (e.g., FHIR/CQL)

How dQMs Differ...

dQMs standardize how data are accessed and how measures are computed (e.g., using machine-readable specifications and standardized language and protocols). They are based on standardized, structured data from one or more electronic systems. This allows for automated, consistent calculation and reporting across different healthcare settings.

# Transition to Digital Reporting

Current State: Hybrid, Administrative, ECDS Reporting <sup>a</sup>	Transition: ECDS Reporting <sup>b</sup>	Future State: dQM Reporting <sup>c</sup>
<ul style="list-style-type: none"> <li>• Administrative methodology and the hybrid methodology, which includes manual chart reviews, still used for some measures.</li> <li>• Several measures have ECDS specifications.</li> <li>• Core Sets ECDS specifications have human-readable specifications that can be calculated using administrative and claims data and are not digitally reported.</li> </ul>	<ul style="list-style-type: none"> <li>• Measures calculated using multiple electronic data sources containing beneficiaries' personal health information and interactions within the healthcare system.</li> <li>• States broaden use of electronic data standards that require all data to be stored in structured electronic formats that use standard layouts.</li> </ul>	<ul style="list-style-type: none"> <li>• Measure calculations rely on fully specified and standards-based (i.e. FHIR-CQL) measure content.</li> <li>• Specifications consist of self-contained packages of files that include technical specifications in both human-readable documentation and computable specifications (i.e. computer-readable code).</li> <li>• Uses one or more sources of health information that are captured and can be transmitted electronically via interoperable systems.</li> </ul>

<sup>a</sup> [Digital Transition Updates Health Innovation Summit](#).

<sup>b</sup> The 2025 Core Set Resource Manuals introduced a new chapter (“Core Set Measures Reported using ECDS”) detailing ECDS specifications for each measure with this reporting option and additional guidance on selecting and using ECDS data sources. For more information, please refer to the 2026 dQM technical assistance brief: <https://www.medicaid.gov/medicaid/quality-of-care/downloads/digital-quality-measures-ta-resource.pdf>.

<sup>c</sup> Centers for Medicare & Medicaid Services. 2022. “Digital Quality Measurement Strategic Roadmap.” [https://ecqi.healthit.gov/sites/default/files/CMSdQMStrategicRoadmap\\_032822.pdf](https://ecqi.healthit.gov/sites/default/files/CMSdQMStrategicRoadmap_032822.pdf).



# ECDS and Core Sets Reporting

Core Set	2026 measures with <i>only ECDS</i> specifications <sup>a</sup>
Child	Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM-CH) (Mandatory)
	Immunizations for Adolescents (IMA-CH) (Utilization)
	Postpartum Depression Screening and Follow-Up: Under Age 21 (PDS-CH) (Provisional)
	Prenatal Depression Screening and Follow-Up: Under Age 21 (PND-CH) (Provisional)
	Prenatal Immunization Status: Under Age 21 (PRS-CH) (Utilization)
Adult	Adult Immunization Status (AIS-AD) (Voluntary)
	Postpartum Depression Screening and Follow-Up: Age 21 and Older (PDS-AD) (Provisional)
	Prenatal Depression Screening and Follow-Up: Age 21 and Older (PND-AD) (Provisional)
	Prenatal Immunization Status: Age 21 and Older (PRS-AD) (Utilization)
Core Set	2026 measures with <i>only ECDS or EHR</i> specifications <sup>b</sup>
Child	Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication (ADD-CH) (Mandatory)
	Childhood Immunization Status (CIS-CH) (Utilization)
Adult	Breast Cancer Screening (BCS-AD) (Voluntary)
	Cervical Cancer Screening (CCS-AD) (Voluntary)
	Colorectal Cancer Screening (COL-AD) (Voluntary)
1945 Health Home	Colorectal Cancer Screening (COL-HH) (Mandatory)

Note: The CIS-CH and IMA-CH measures are specified for ECDS reporting. However, ECDS specifications are not currently available for 1945A Health Home Core Set reporting.

<sup>a</sup> The 2026 1945 Health Home and 1945A Health Home Core Sets did not have any measures in this category.

<sup>b</sup> The 2026 1945A Health Home Core Set did not have any measures in this category.

## Core Sets Resources:

- The [Child](#), [Adult](#), and [Health Home](#) Core Set Resource Manuals include a chapter with human readable ECDS measure specifications.
- [dQM TA Brief](#) provides a step-by-step example of calculating the APM-CH measure using ECDS specifications, shares guidance on reporting to CMS in the online reporting system

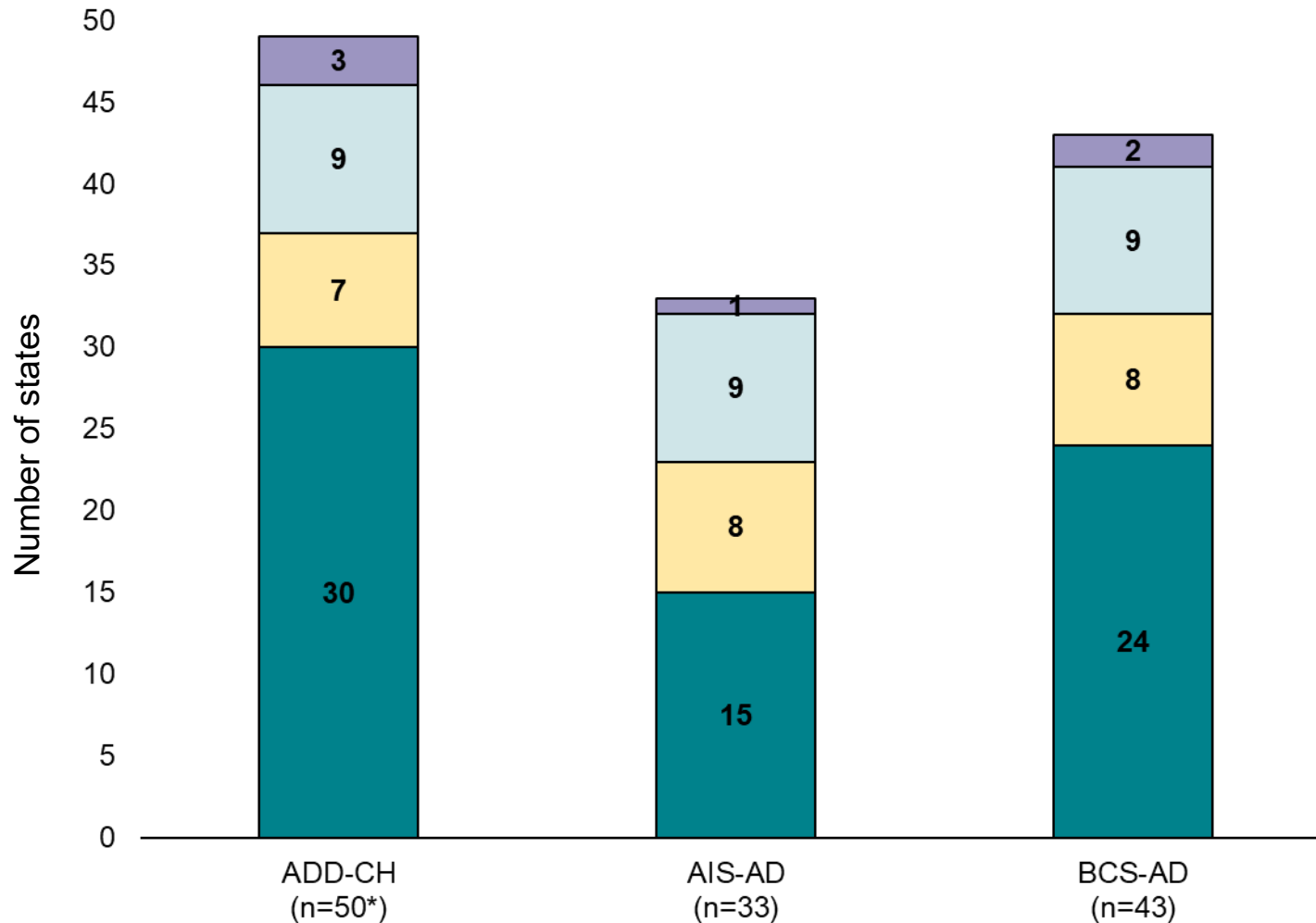
# 2025 Core Sets and ECDS Reporting

- **51** states and programs reported at least **one measure** using ECDS specifications to the quality measure reporting (QMR) system.
- States reported **“Administrative”** as the most common data source used with the ECDS specifications.
- **39** states and programs reported at least **one measure\*** with **“Administrative”** listed as the **only** data source.
  - Of these measures, two were reported by at least 30 states as administrative-only:
    - Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM-CH) (31 states)
    - Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication (ADD-CH) (30 states)
- **3 measures** always had multiple data sources:
  - Cervical Cancer Screening (CCS-AD)
  - Childhood Immunization Status (CIS-CH)
  - Immunizations for Adolescents (IMA-CH)

Source: QMR system as of 4/13/2026. Data are preliminary.

\* Measures reported with administrative data only: ADD-CH, AIS-AD, APM-CH, BCS-AD, COL-AD, COL-HH, PDS-CH, PDS-AD, PRS-CH, PRS-AD.

# ECDS Data Source Combinations Examples



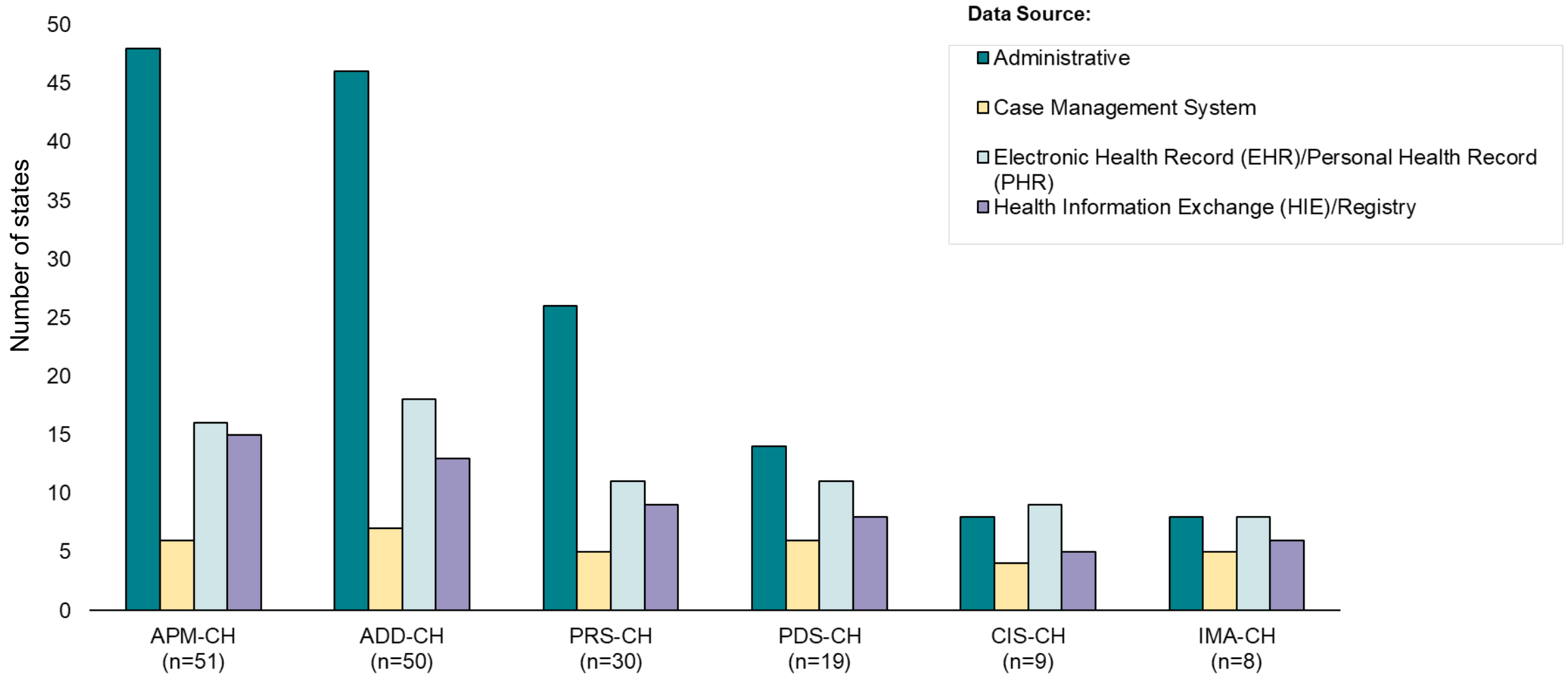
## Data Source Combinations:

- Electronic Health Record (EHR)/Personal Health Record (PHR) data alone
- Administrative combined with EHR and/or Health Information Exchange (HIE) data
- Administrative and Case Management combined with EHR and/or HIE
- Administrative Data Alone

Source: QMR system as of 4/13/2026. Data are preliminary. Number of states for each measure represents the number of states that reported each measure, using ECDS specifications, to the QMR system.

Note: ADD-CH data source combination sums to 49 as one state did not specify data sources used.

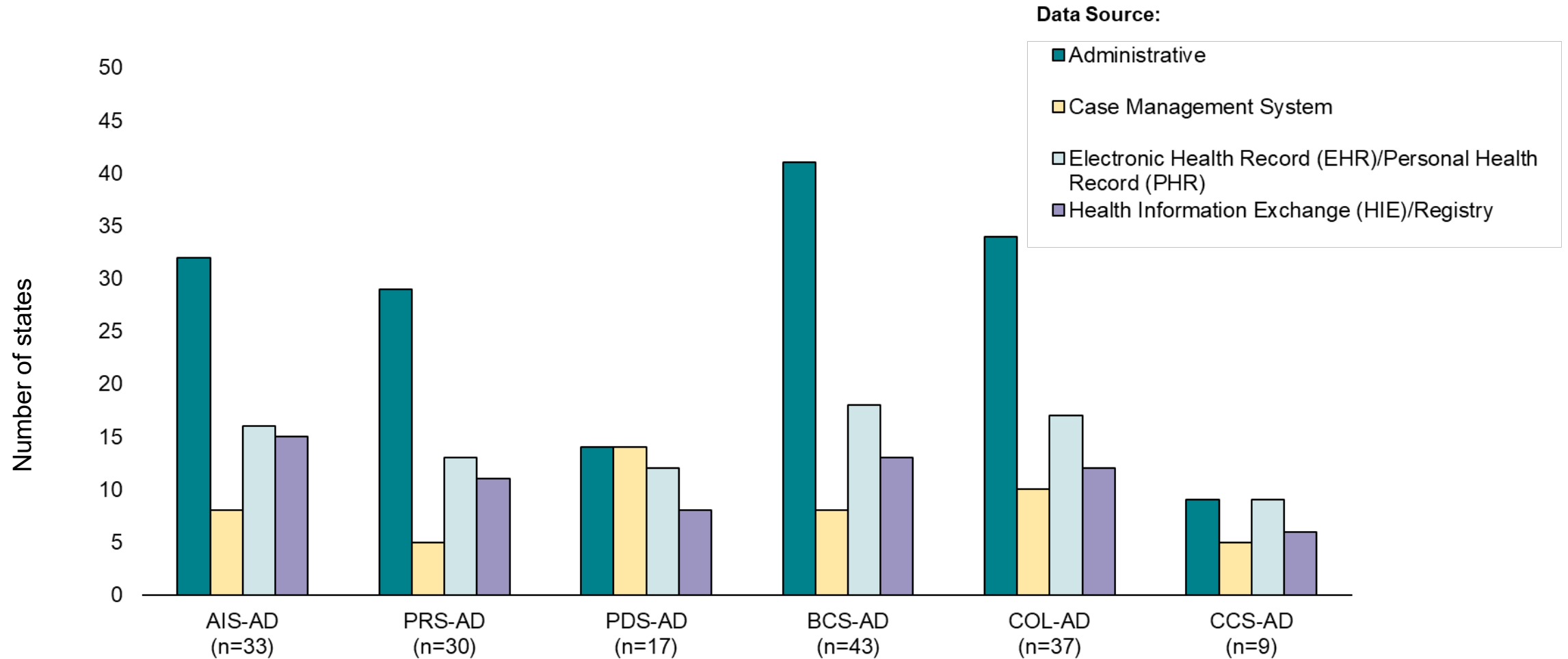
# ECDS Data Sources Reported for 2025 Child Core Set



Source: QMR system as of 4/13/2026. Data are preliminary. Number of states for each measure represents the number of states that reported each measure, using ECDS specifications, to the QMR system.



# ECDS Data Sources Reported for 2025 Adult Core Set



Source: QMR system as of 4/13/2026. Data are preliminary. Number of states for each measure represents the number of states that reported each measure, using ECDS specifications, to the QMR system.

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# State Spotlight: ARIZONA




# ARIZONA

## HEALTH CARE COST CONTAINMENT SYSTEM

Digital Quality Measure Foundations  
Webinar

April 30, 2026

The logo is a circular emblem with a purple background. It features a central sun with rays, a mountain range, a river, and various symbols including a fish, a tree, and a hand. The emblem is surrounded by a decorative border of geometric shapes and patterns.

# Arizona Health Care Cost Containment System (AHCCCS) Overview

# AHCCCS At A Glance



**Largest insurer in AZ, covering more than 1.8 million members**



**Covers about 50% of births in AZ**



**Nationally recognized crisis system among Medicaid programs**



**Covers 60% of nursing facility days**



**Federal, state, and county funds used to provide services.**



**More than 100,000 registered health care providers**



**11 contracted managed care health plans deliver services**



**Single State Agency for behavioral health, State Mental Health Authority, & State Opioid Treatment Authority**

# AHCCCS System Overview



92.5% Managed Care Organizations (MCO)  
(as of October 1, 2025)

7.5% Fee For Service

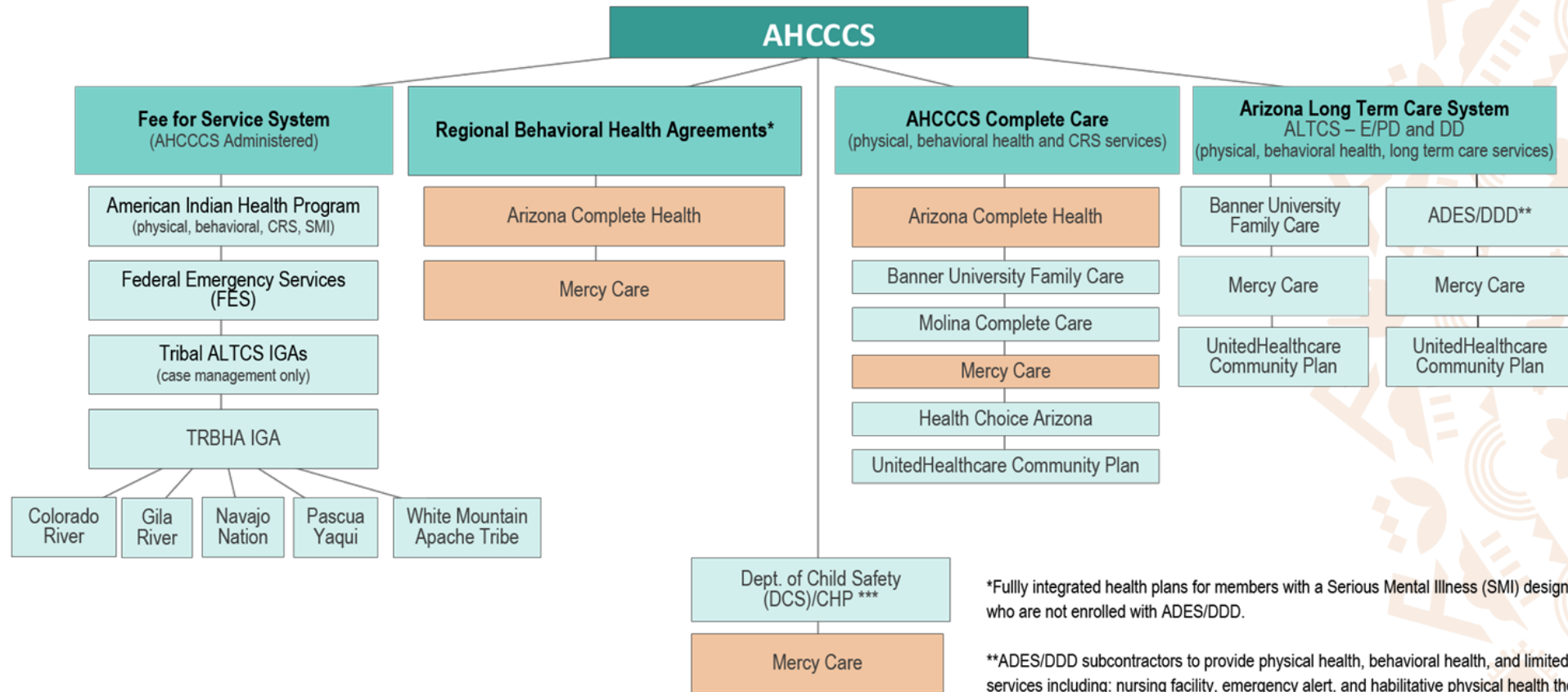
11 contracts with 8 unique MCOs

2 primary programs

<p><b>AHCCCS Complete Care</b></p> <p> 1.6m members</p> <p> 13.90 billion</p> <p> Integrated PH &amp; BH services</p>	<p><b>AHCCCS Complete Care Regional Behavioral Health Agreements (ACC-RBHA)</b></p> <p> 47k members w/ SMI</p> <p> 2.22 billion</p> <p> Integrated PH &amp; BH services and</p> <p> BH services only and</p> <p> Crisis Services</p>	<p><b>Arizona Long Term Care System Elderly and Physical Disability (EPD)</b></p> <p> 27k members</p> <p> 2.10 billion</p> <p> Integrated PH, BH &amp; LTSS services</p>	<p><b>ALTCS Developmentally Disabled (DD)</b></p> <p> 48k members</p> <p> 4.67 billion</p> <p> Integrated PH, BH &amp; LTSS services</p>	<p><b>DCS-Comprehensive Health Plan (DCS-CHP)</b></p> <p> 7k members</p> <p> 167 million</p> <p> Integrated PH and BH Services</p>	<p><b>AIHP</b></p> <p> 122k members</p> <p> 1.4 billion</p> <p><b>Tribal ALTCS</b></p> <p> 2k members</p> <p> 149.8 million</p> <p> Integrated PH &amp; BH and LTSS services (ALTCS)</p>



# AHCCCS Care Delivery System



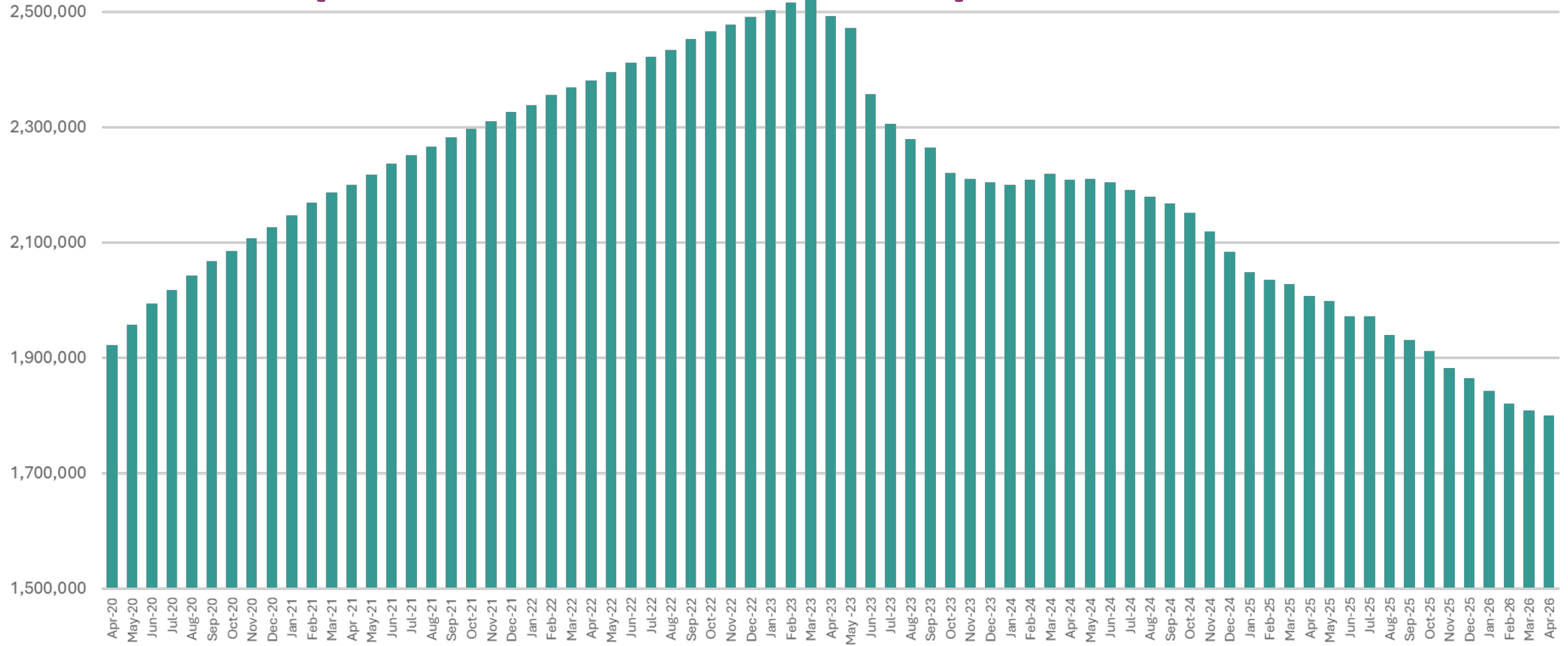
\*Fully integrated health plans for members with a Serious Mental Illness (SMI) designation who are not enrolled with ADES/DDD.

\*\*ADES/DDD subcontractors to provide physical health, behavioral health, and limited LTSS services including: nursing facility, emergency alert, and habilitative physical health therapy for members age 21 and over. ADES/DDD to provide all other LTSS and coordinate with AHCCCS' Division of Fee for Service Management to provide services for the Tribal Health Program for American Indian members.

\*\*\*DCS/Comprehensive Health Plan (CHP) statewide subcontractor to provide physical and behavioral health services.



# AHCCCS Population: Mar. 2020 – Apr. 2026





# AHCCCS Quality Improvement (QI) Team

# AHCCCS Quality Improvement (QI) Team (1 of 3)

- The AHCCCS Quality Improvement (QI) team is part of the Medical Services team within the Office of the Director (OOD) and oversees Contractor activities meant to improve clinical and non-clinical performance.
  - Primary activities: Performance Measures (PMs) including CMS Core Set reporting, Performance Improvement Projects (PIPs), member satisfaction surveys, and other QI-associated efforts including but not limited to quality components of Value Based Purchasing payment reform initiatives.
- The AHCCCS QI team works closely with:
  - The QI staff of each MCO, as well as
  - Various teams within the Division of Managed Care (DMC), who oversee MCO clinical operations and related compliance.

# AHCCCS Quality Improvement (QI) Team (2 of 3)

- As part of its MCO oversight activities, the AHCCCS QI Team annually reviews and updates managed care contract and policy requirements related to QI activities.
- Performance measure-specific requirements include:
  - Calculating and reporting performance measures using the methodologies specified by AHCCCS,
  - Participating in performance measure validation (PMV) activities, conducted by an AHCCCS External Quality Review Organization (EQRO), and
  - Meeting performance measure standards set by AHCCCS, and developing quality improvement plans to improve measure performance.

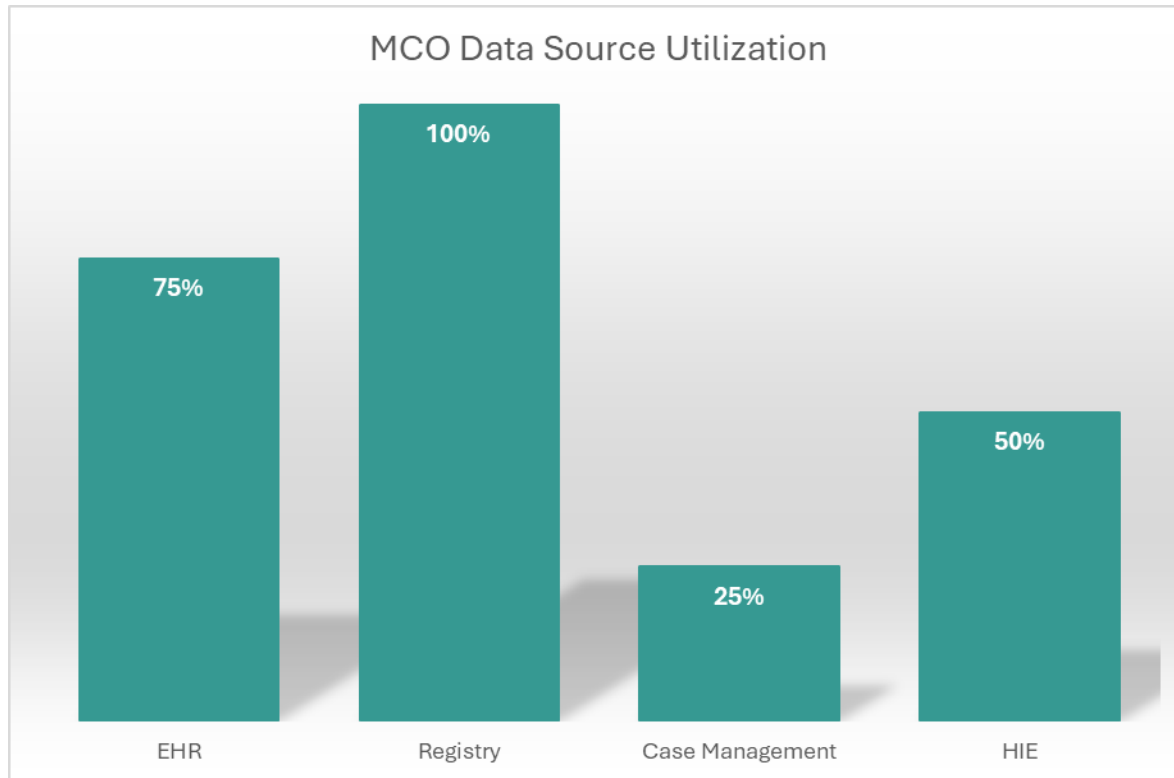
# AHCCCS Quality Improvement (QI) Team (3 of 3)

- The AHCCCS QI Team facilitates monthly collaborative meetings with the QI staff of the MCOs to discuss QI-related topics and activities.
- As part of these meetings, the MCOs were initially surveyed in April 2022 to determine their ECDS/dQM reporting readiness. A similar survey was conducted more recently in March 2026 to assess changes in ECDS/dQM capabilities.
- The survey results are outlined in the next several slides.



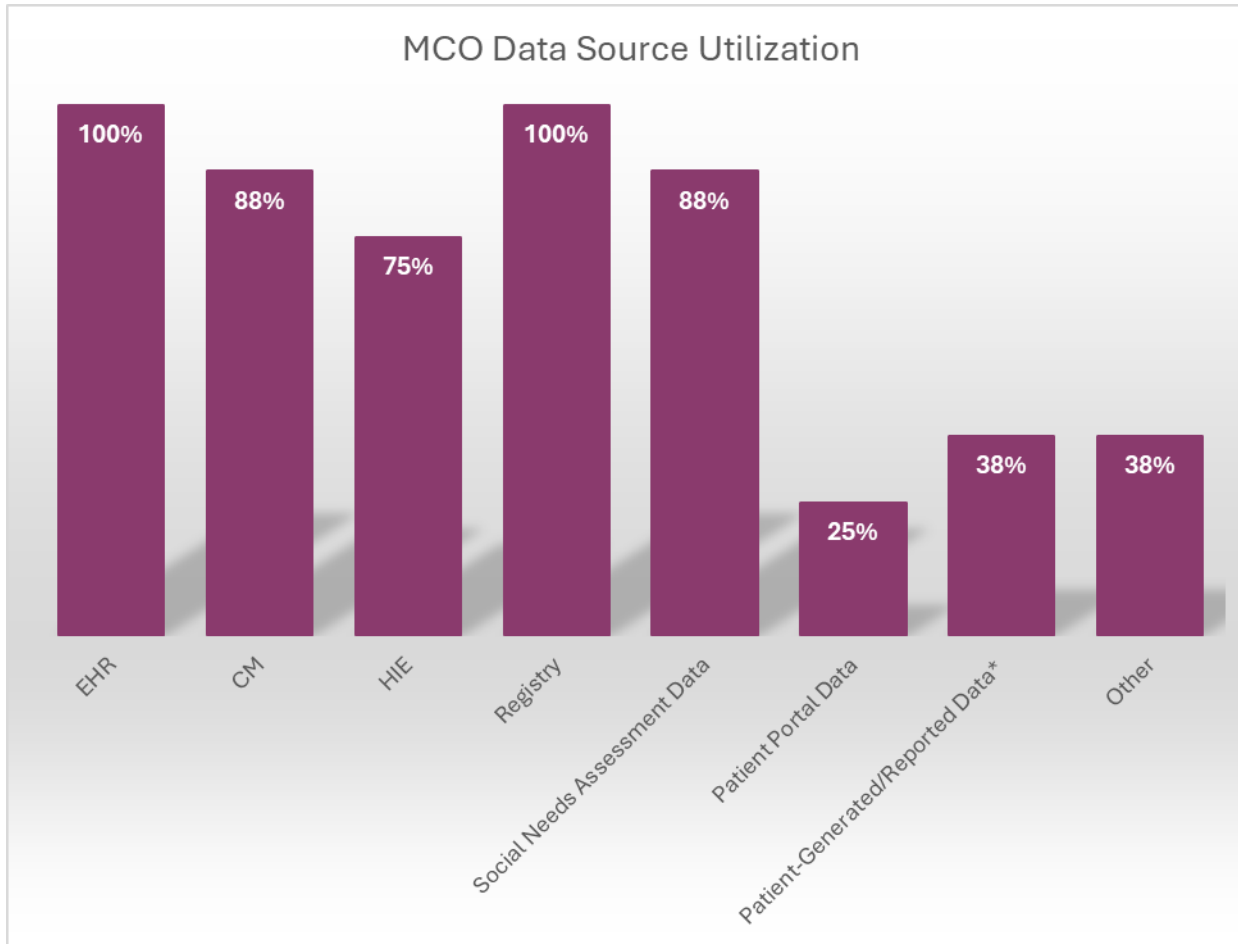
# MCO Survey Results: ECDS/dQM Data Sources

# April 2022 MCO Data Source Utilization & Feedback



- General challenges MCOs experienced with incorporating ECDS/dQM data sources:
  - Technology/system limitations
  - Data issues
    - Validation, completeness, consistency
  - Provider barriers
    - Education, staff, cost
  - Cost for data acquisition

# March 2026 MCO Data Source Utilization & Feedback

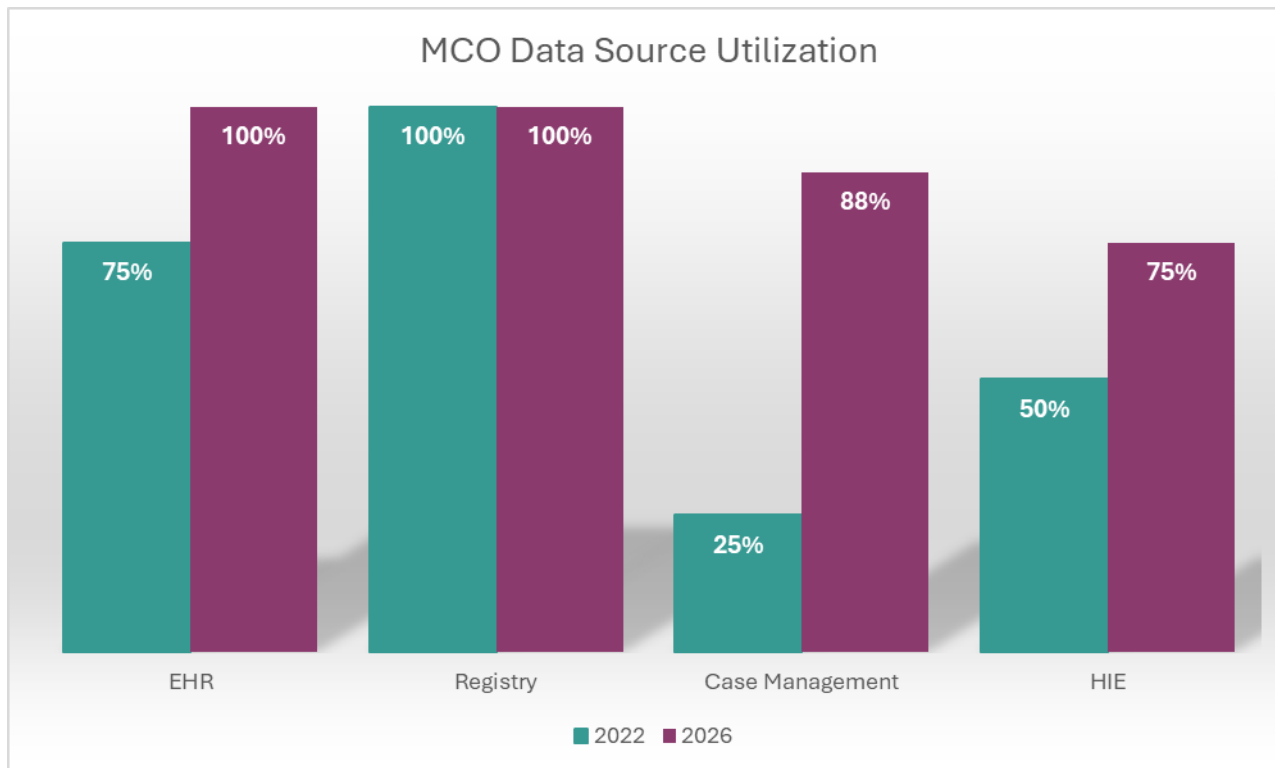


- General challenges MCOs experienced with incorporating ECDS/dQM data sources:
  - Data layout/integration
  - System connectivity
  - Data issues
    - Validation, completeness
  - Provider barriers
    - Education, staff, cost
  - Evolving requirements
  - Resources required to validate new data feeds

**Patient-Generated/Reported Data** may include applications, instruments such as medical/wearable devices, and other data

**Other** may include dental, laboratory, and other data feeds

# Changes from April 2022 to March 2026



- Increased utilization of data sources:
  - Electronic Health Record
  - Case Management
  - Health Information Exchange
- Addition of data sources:
  - Social Needs Assessments
  - Patient Portal
  - Patient-Generated/Reported
  - Other data feeds

# MCO Performance Measure Impacts

- MCOs reported that performance measure rates for the following measures generally improved when utilizing dQM data sources:
  - Breast Cancer Screening (BCS-E)
  - Controlling High Blood Pressure (CBP)
  - Childhood Immunization Status (CIS-E)/Immunizations for Adolescents (IMA-E)
  - Colorectal Cancer Screening (COL-E)
  - Glycemic Status Assessment for Patients with Diabetes (GSD)
  - Prenatal Depression Screening and Follow-Up (PND-E)
- Improvements in data standardization and completeness



# FFY 2025 Quality Measure Reporting

# FFY 2025 Quality Measure Reporting

- For FFY 2025 (Calendar Year 2024) Quality Measure Reporting for the CMS Core Sets, AHCCCS required its MCOs to calculate and report several performance measures using Digital Quality Measure (dQM) data sources, also known as Electronic Clinical Data Systems (ECDS) under NCQA.
- MCO-level performance measure results were aggregated by an AHCCCS EQRO to develop statewide results that could be reported to CMS.
- As a result, AHCCCS was able to report the following CMS Core Set measures using the ECDS methodology: AIS-AD; BCS-AD; CCS-AD; COL-AD; PDS-AD; ADD-CH; APM-CH; CIS-CH; IMA-CH; PDS-CH; PRS-CH.
  - Note: Rates for some populations within Arizona's Core Set reporting (Fee-for-Service and transient members) did not incorporate ECDS data sources due to varying challenges and, therefore, reflect administrative data only.



# Lessons Learned & Looking Forward

# Lessons Learned

- ECDS data specific to the FFS population and transient members (those who switch health plans, delivery systems, etc. within the continuous enrollment period) are not readily available.
- Capturing LOINC and SNOMED codes has been an ongoing challenge for both AHCCCS and the MCOs.
- Collaboration with MCOs is critical in being able to leverage ECDS/dQM data sources for performance measure reporting.

# Looking Forward

- To further improvements in measure rates and data capture, MCOs are planning to:
  - Develop strategies for collecting LOINC and SNOMED codes from provider systems as these codes are not currently available in claims data
  - Implement processes to obtain remote monitoring data
  - Continue engaging with providers and integrating EHR data sources
  - Incorporate Fast Healthcare Interoperability Resources (FHIR) standards into current processes
- AHCCCS intends to:
  - Continue collaborating with its MCOs to report performance measures using ECDS/dQM data sources at the statewide level
  - Explore strategies for incorporating ECDS/dQM data sources (such as the state HIE) for the FFS population rates

# Questions?

Email: [ahcccsqi@azahcccs.gov](mailto:ahcccsqi@azahcccs.gov)

Thank You



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# State Spotlight: CONNECTICUT

# Connecticut Medicaid's Electronic Data Reporting and Digital Quality Measure Readiness

April 30, 2026



# Objectives

*The participant will be able to...*

1. Distinguish Connecticut Medicaid's Administrative Services Organization (ASO) structure from other state Medicaid programs and review Community Health Network of Connecticut, Inc.'s (CHNCT) role within the ASO structure.
2. Review Connecticut Medicaid trends on selected Adult and Child Core Set Measures submitted using Electronic Clinical Data Systems (ECDS) reporting and selected measures for prospective ECDS reported measures.
3. Examine the impact on the measure rates by data source.
4. Identify the initial components of moving toward the digital quality measure (dQM) reporting journey.





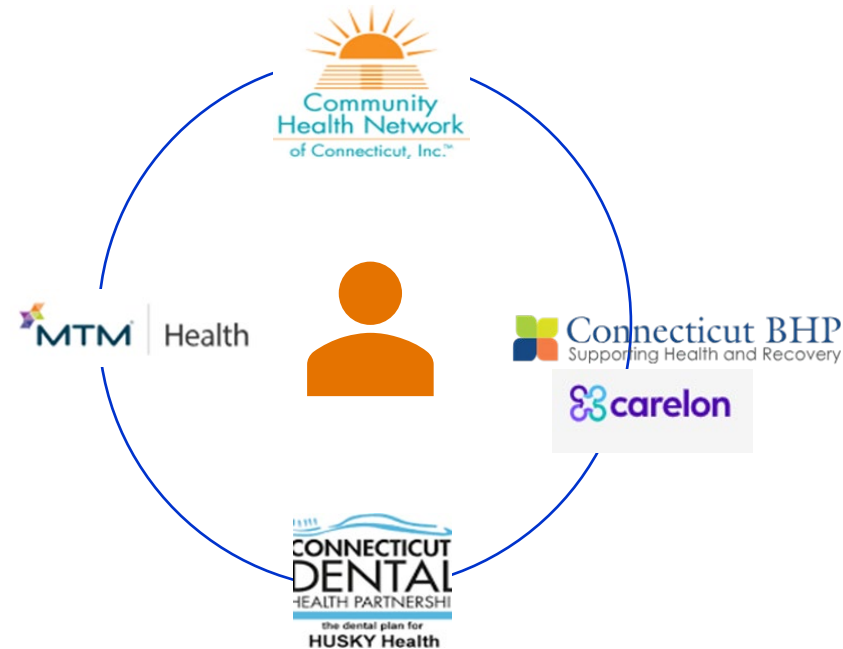
**Connecticut's Medicaid and CHIP Program and Structure**

# **THE HUSKY HEALTH PROGRAM**


# Connecticut's Medicaid and CHIP Program and Structure



- The HUSKY Health program
  - HUSKY A
  - HUSKY B
  - HUSKY C
  - HUSKY D
- Serving ~1 million Connecticut residents
  - One in 3 children 
  - One in 6 adults 
- ASO model
  - Member centric
  - Quality and program experience
  - Administrative cost savings



- Pharmacy Benefits
- Long-Term Services and Support



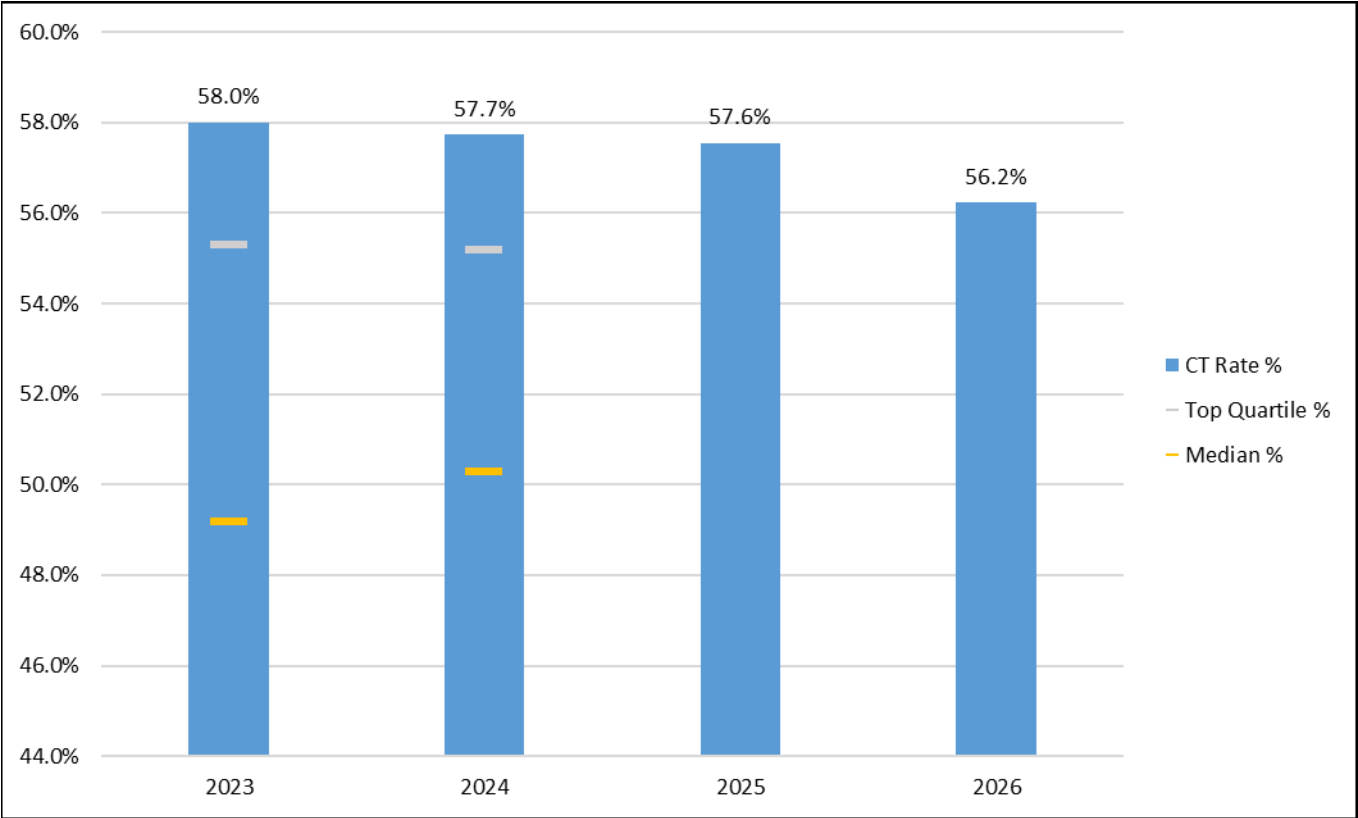
**Medicaid Measure Trends**  
**Impact from ECDS Data Sources**  
**Comparison of Reporting Methods**

# **MEDICAID ADULT AND CHILD CMS CORE SET MEASURES**

# Breast Cancer Screening (BSC-AD)

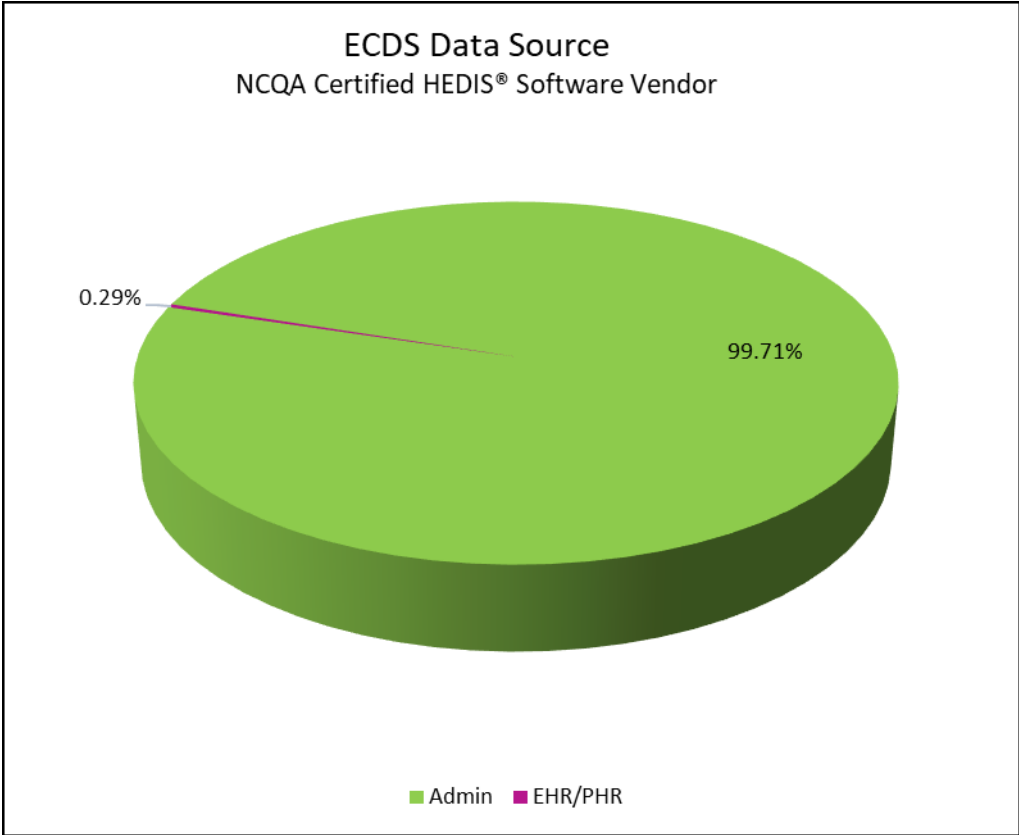
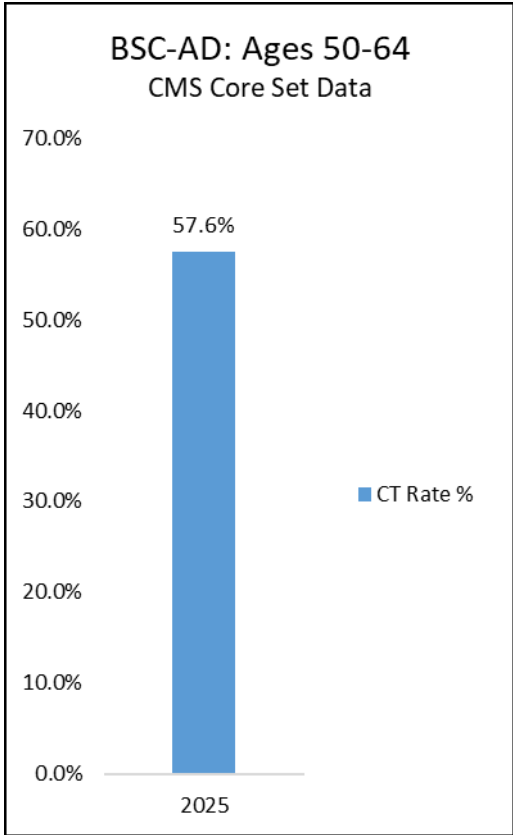
BSC-AD: Ages 50-64 Connecticut Rates for Core Set  
Years 2023-2026

Data Source: CMS Core Set Data Dashboard



Core Set Year 2025 are preliminary rates.  
Centers for Medicare and Medicaid Services. (2026). *Core Set Data Dashboard. Adult Core Set Measures. Connecticut.*  
<https://www.medicare.gov/medicaid/quality-of-care/core-set-data-dashboard/main?coreset=%5B%22%22%5D&focusStates=%5B%22CT%22%5D>

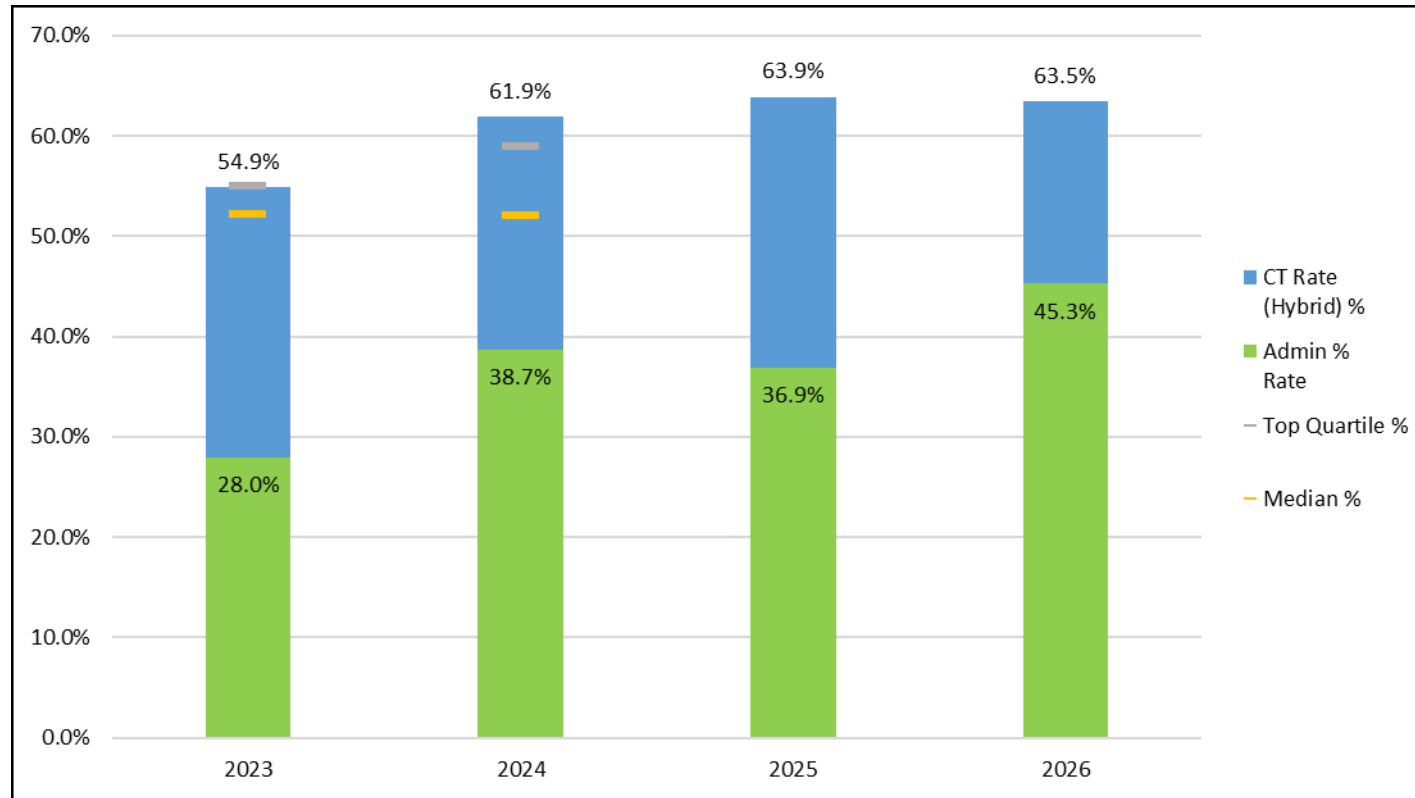
# Breast Cancer Screening (BSC-AD) by ECDS Data Sources



The Healthcare Effectiveness Data and Information Set (HEDIS®) is a registered trademark of the National Committee for Quality Assurance (NCQA).

# Hemoglobin A1c Control for Patients with Diabetes (HBD-AD) HbA1 Control <8.0%

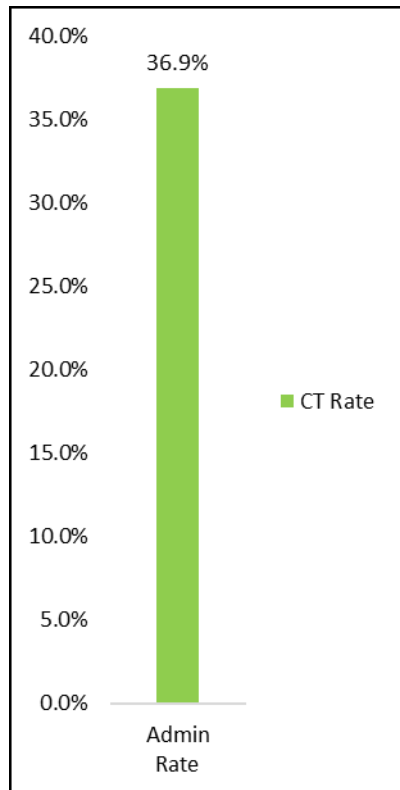
HBD-AD: HbA1c in Control (<8.0%) Connecticut Rates for Core Set Years 2023-2026  
Data Source: CMS Core Set Data Dashboard



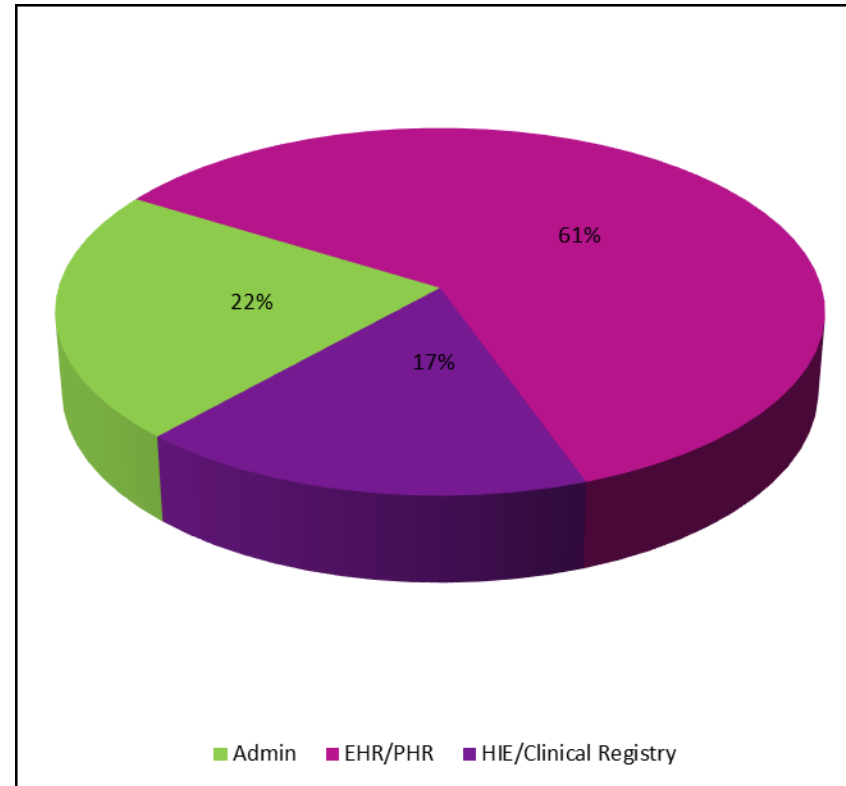
Core Set Year 2026 are preliminary rates.  
Centers for Medicare and Medicaid Services. (2026). *Core Set Data Dashboard. Adult Core Set Measures. Connecticut.*  
<https://www.medicare.gov/medicaid/quality-of-care/core-set-data-dashboard/main?coreset=%5B%220%22%5D&focusStates=%5B%22CT%22%5D>

# Hemoglobin A1c Control for Patients with Diabetes (HBD-AD) HbA1c <8.0% by Reporting Method

HBD-AD HbA1c Control (<8.0%)  
CMS Core Set 2025 Data Dashboard



Reporting Method  
Data Source: NCQA Certified HEDIS® Software Vendor

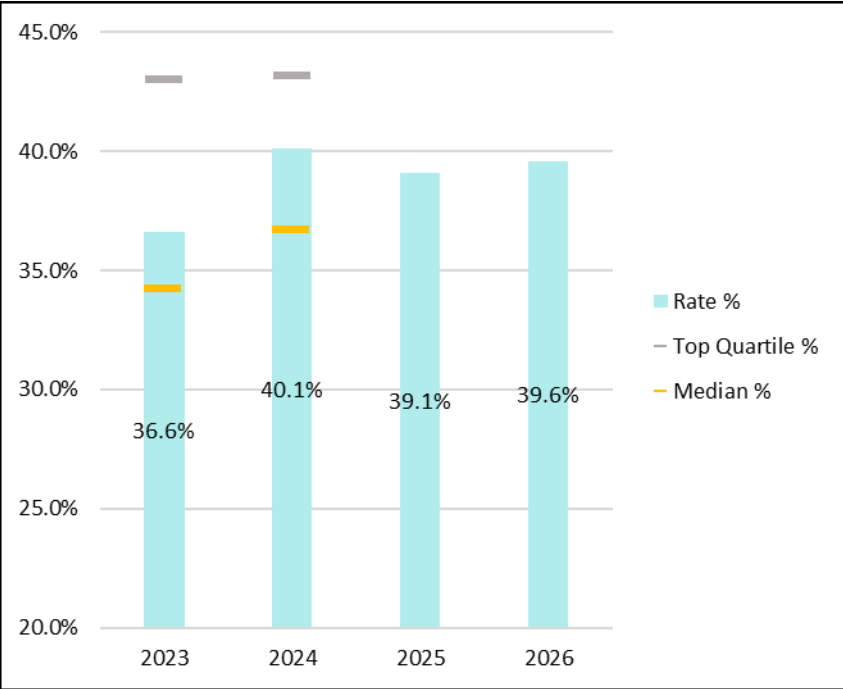


# Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM-CH)

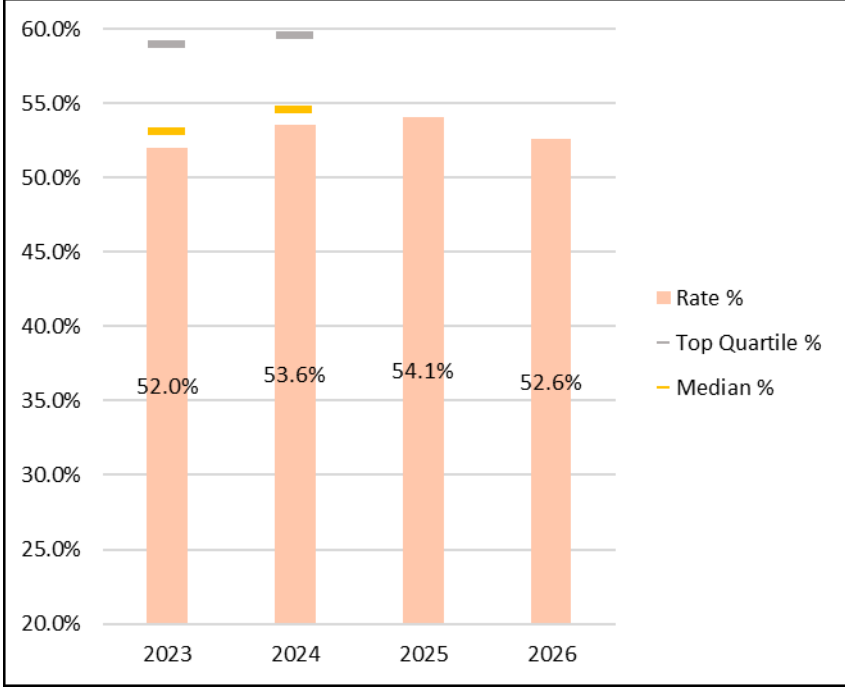
APM-CH: Ages 1–17 Connecticut Rates for Core Set Years 2023–2026

Data Source: CMS Core Set Data Dashboard

Cholesterol Testing



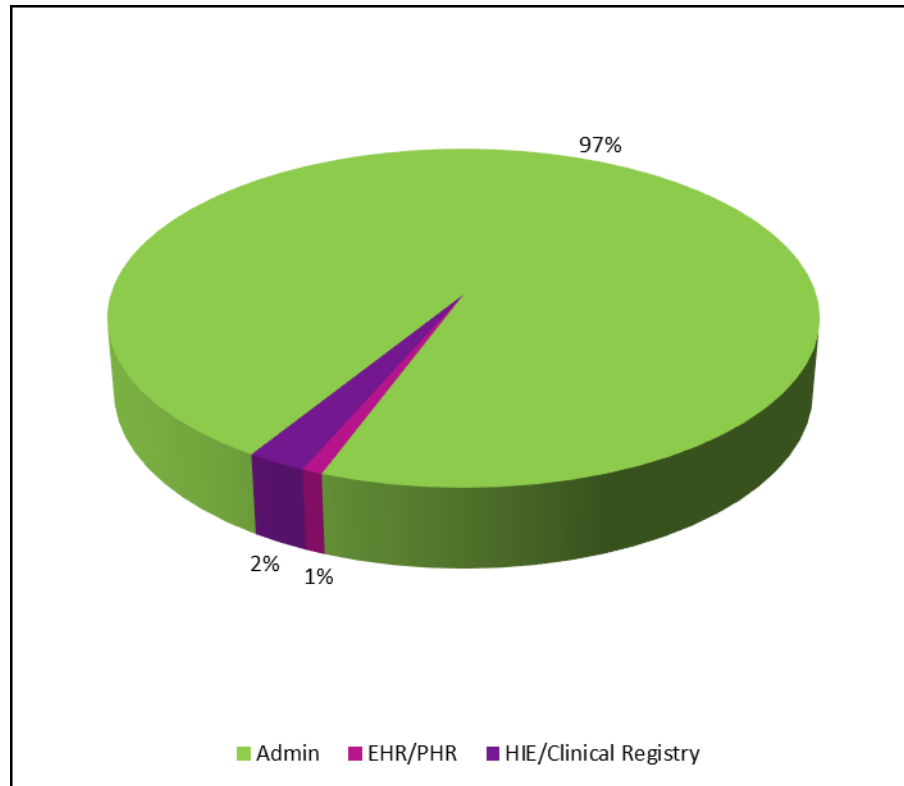
Blood Glucose Testing



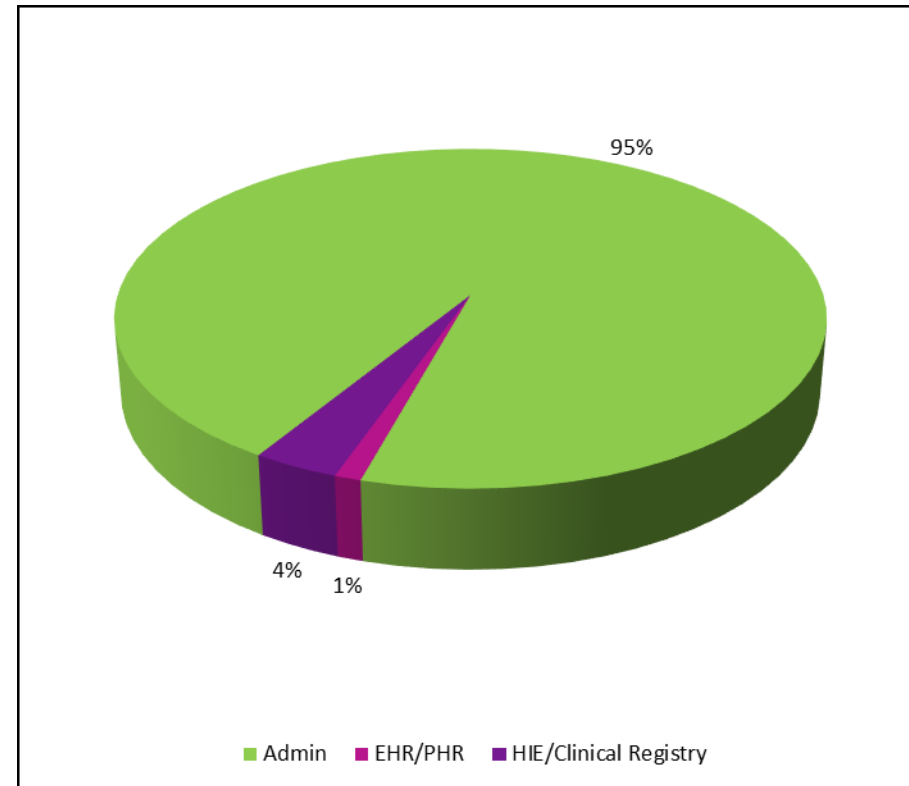
Core Set Year 2026 are preliminary rates.  
 Centers for Medicare and Medicaid Services. (2026). *Core Set Data Dashboard. Child Core Set Measures. Connecticut.*  
<https://www.medicare.gov/medicaid/quality-of-care/core-set-data-dashboard/main?coreset=%5B%221%22%5D&focusStates=%5B%22CT%22%5D>

# Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM-CH) by Sub-Measures and ECDS Data Sources

Blood Glucose Testing Reporting Method  
Data Source: NCQA Certified HEDIS® Software Vendor

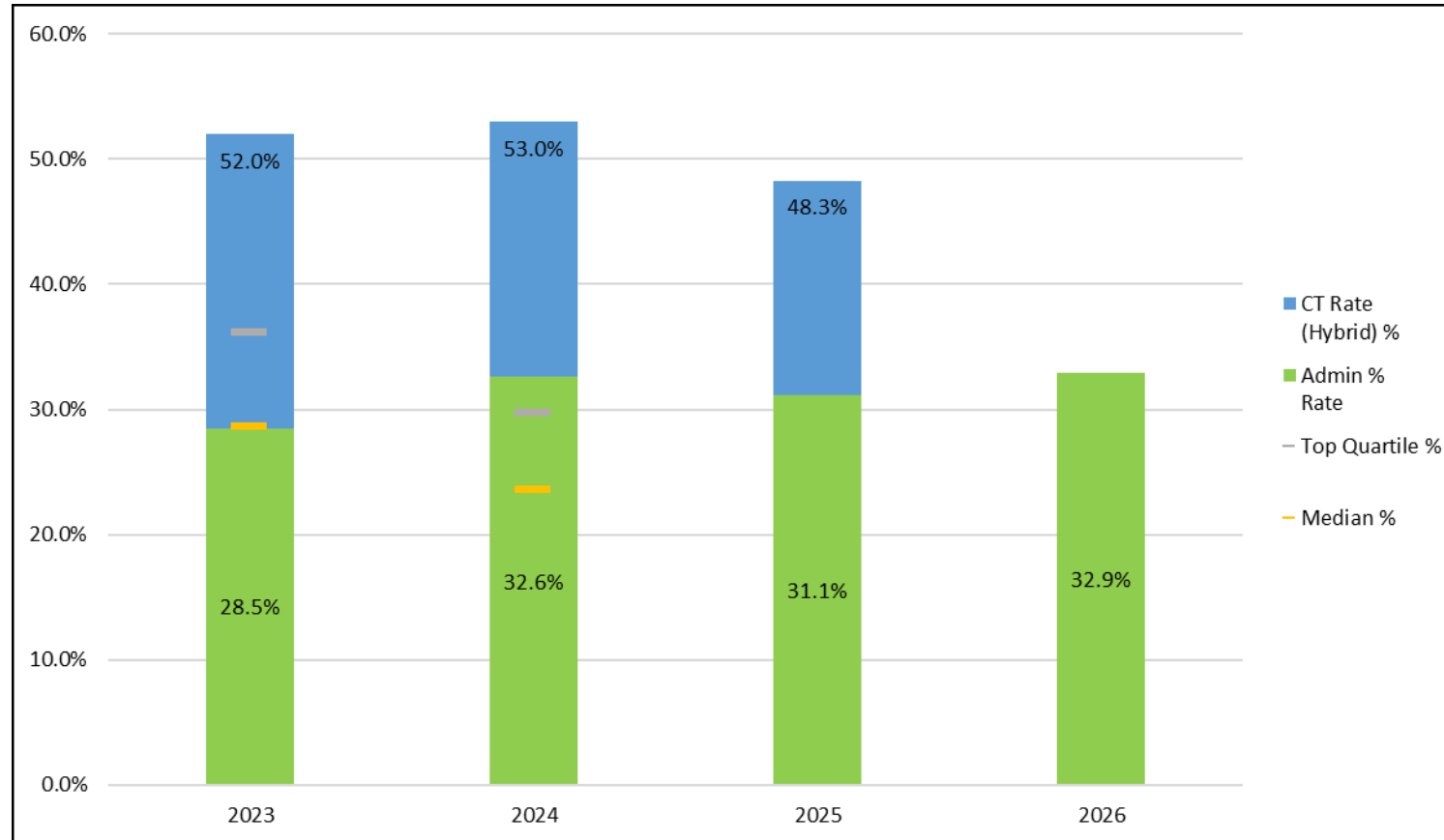


Cholesterol Testing Reporting Method  
Data Source: NCQA Certified HEDIS® Software Vendor



# Child Immunization Status (CIS-CH)

CIS-CH Connecticut Rates for Core Set Years 2023-2026  
Data Source: CMS Core Set Data Dashboard



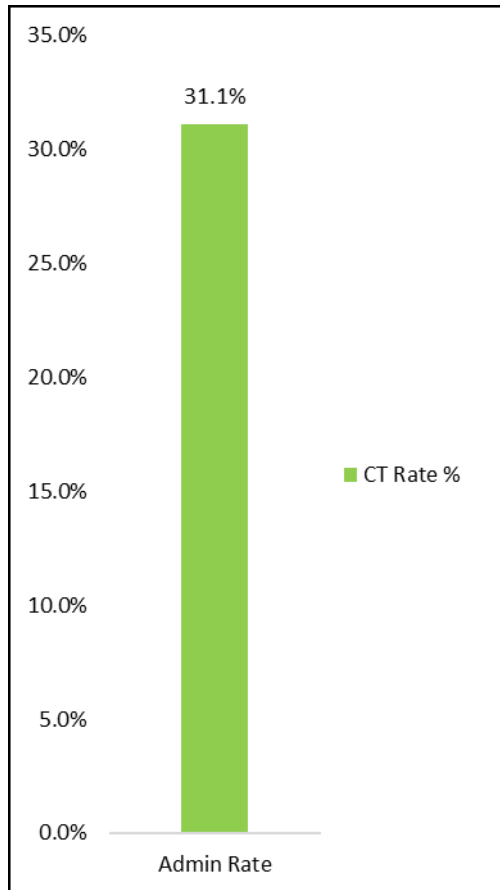
Core Set Year 2026 are preliminary rates.

Centers for Medicare and Medicaid Services. (2026). *Core Set Data Dashboard. Child Core Set Measures. Connecticut.*

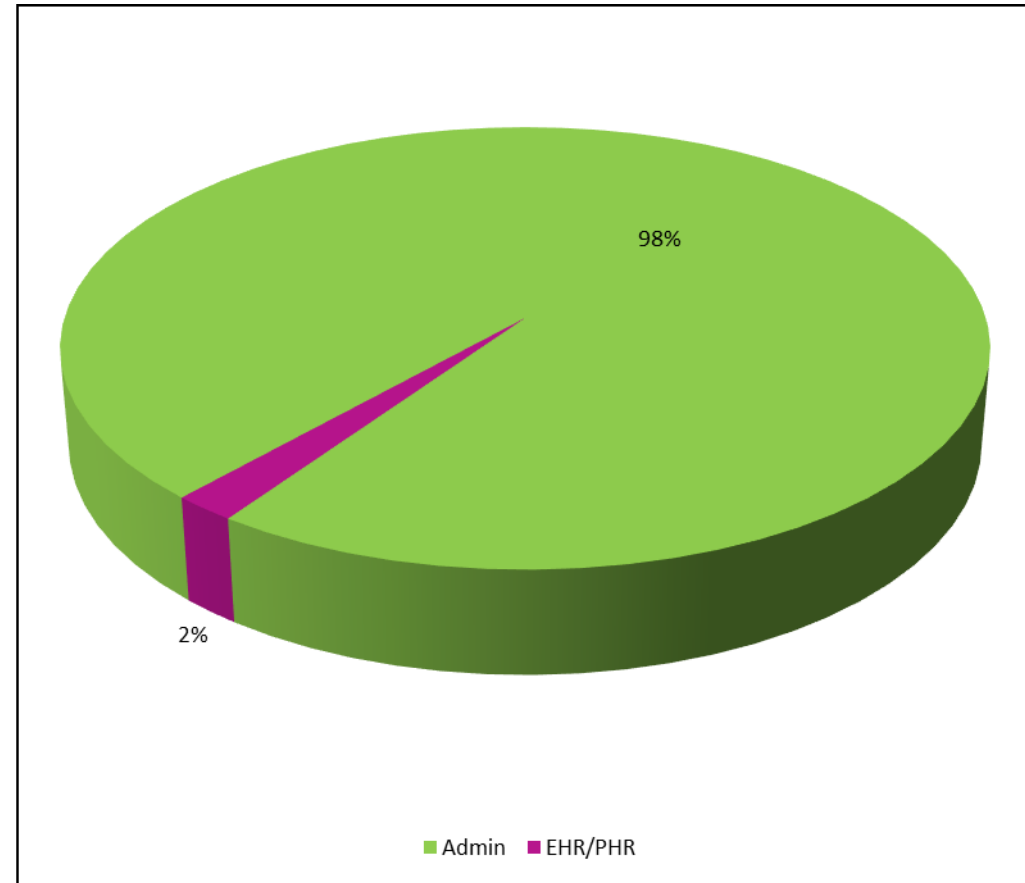
<https://www.medicare.gov/medicaid/quality-of-care/core-set-data-dashboard/main?coreset=%5B%221%22%5D&focusStates=%5B%22CT%22%5D>

# Child Immunization Status (CIS-CH) by Reporting Method

Child Immunization Status (CIS-CH)  
CMS Core Set 2025 Data Dashboard



Reporting Method  
Data Source: NCQA Certified HEDIS® Software Vendor





# **dQM REPORTING READINESS**

# Initial Components of a dQM Readiness Strategy

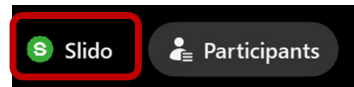
Component 1:	<b>Raise Awareness/Educate</b> <ul style="list-style-type: none"><li>• Are all supporting departments aware of the transition to dQM reporting?</li><li>• Is there knowledge of the magnitude of <i>the journey</i>? Understanding of terms (ECDS vs. dQM)?</li><li>• Is there executive sponsorship?</li></ul>
Component 2:	<b>Identify Applicable Data Sources</b> <ul style="list-style-type: none"><li>• Inventory existing internal and external data sources available to the organization.</li><li>• Are there additional data sources that should be pursued currently not utilized?</li><li>• Is there clinical team involvement in identifying relevant data sources?</li></ul>
Component 3:	<b>Research Vendor Solutions and Resources</b> <ul style="list-style-type: none"><li>• What are the current dQM reporting capabilities and/or plans to transition to dQM reporting?</li><li>• Will the solution require support from internal resources? Is the vendor solution feasible and adaptable to support existing and future needs?</li></ul>
Component 4:	<b>Project Plan Development</b> <ul style="list-style-type: none"><li>• Inclusive of short-term and long-term objectives.</li><li>• Contains detailed timelines and task descriptions.</li><li>• Organization-wide execution.</li></ul>

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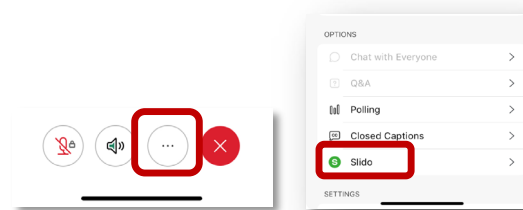
# Questions & Discussion

# How to Submit a Question

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



*On the mobile app:*



- When the Slido panel is pulled up you will see a Q&A box, type your question in the text box and click “Send.”

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# Poll

# Poll #1

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**What is the biggest barrier your state faces in obtaining digital data for Core Set reporting? (*Select one*)**

- Access to outside sources of clinical data (e.g., EHRs)
- Data quality or completeness issues
- Data sharing/legal barriers
- Technical systems/infrastructure challenges
- Staffing
- Other resource limitations
- Other

## Poll #2

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### What dQM-related technical assistance content would be most beneficial to your state? *(Select all that apply)*

- Assistance with identifying key partners and measures to begin the dQM journey
- Templates, such as roadmaps for moving to dQM reporting
- On-demand technical assistance with dQM infrastructure planning
- Integrating additional data sources into Core Sets measure calculation and reporting
- Other

## Poll #3

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**What is your preferred TA format? (*Select all that apply*)**

- Webinars
- Written resources
- One-on-one TA
- Small group learning opportunities

## Poll #4

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**Which of the following topics would you be most interested in exploring through small group learning opportunities? (*Rank the below options by your preference*)**

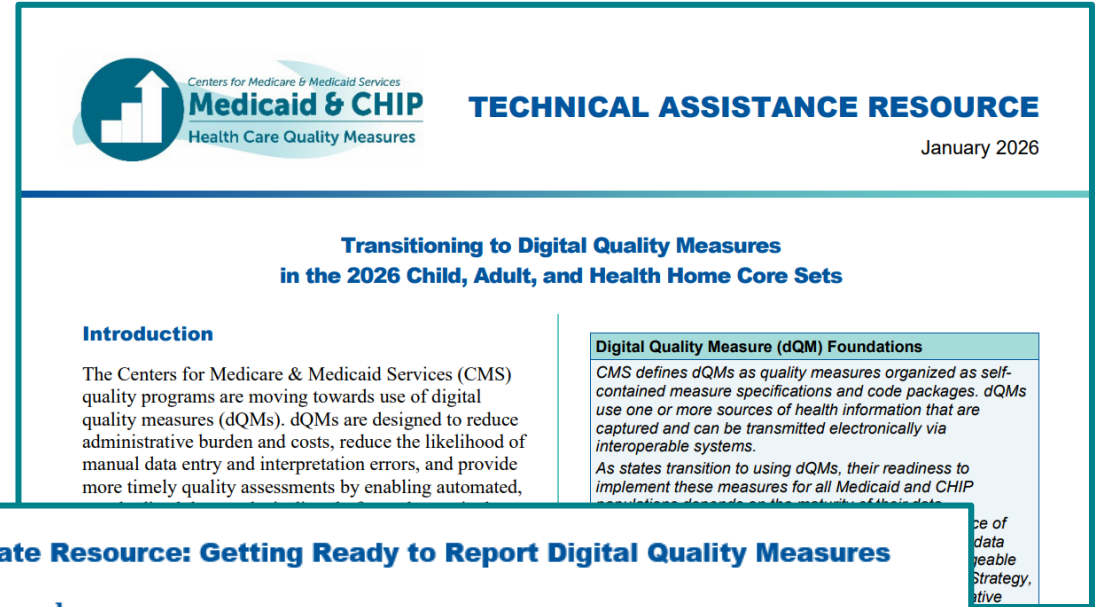
- Collaborating with other states to learn about legal/contractual resources
- Collaborating with data holding partners to expand use of digital data sources beyond administrative claims and encounter data
- Establishing and/or leveraging HIEs to improve quality reporting
- Data governance, privacy, and policy considerations for digital quality measures
- Exploring interoperability and the use of FHIR-based standards
- General peer support and collaboration

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# Technical Assistance Resources

# TA Resources

- **Available now:**
  - [dQM TA Brief](#)
  - [dQM Fact Sheet](#)
  - dQM Readiness Resource: Email [MACQualityTA@cms.hhs.gov](mailto:MACQualityTA@cms.hhs.gov) to receive a copy.
- **Upcoming:**
  - Small group learning sessions



**Centers for Medicare & Medicaid Services**  
**Medicaid & CHIP**  
Health Care Quality Measures

**TECHNICAL ASSISTANCE RESOURCE**  
January 2026

**Transitioning to Digital Quality Measures  
in the 2026 Child, Adult, and Health Home Core Sets**

**Introduction**

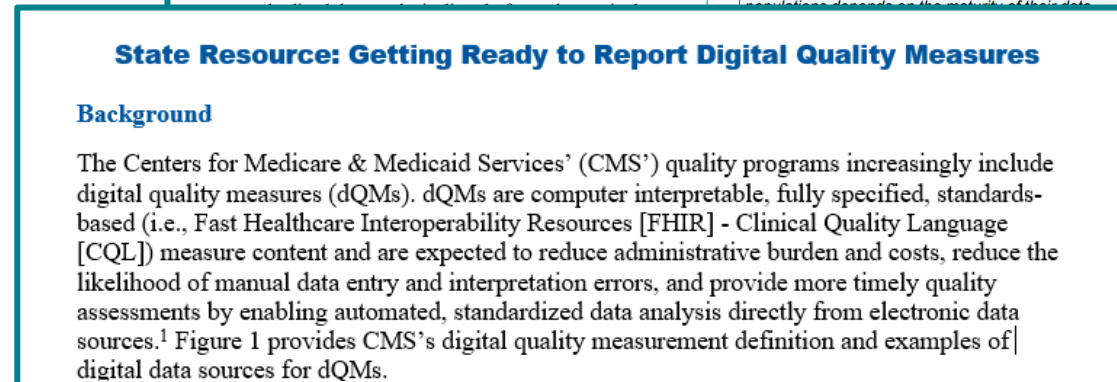
The Centers for Medicare & Medicaid Services (CMS) quality programs are moving towards use of digital quality measures (dQMs). dQMs are designed to reduce administrative burden and costs, reduce the likelihood of manual data entry and interpretation errors, and provide more timely quality assessments by enabling automated,

**Digital Quality Measure (dQM) Foundations**

CMS defines dQMs as quality measures organized as self-contained measure specifications and code packages. dQMs use one or more sources of health information that are captured and can be transmitted electronically via interoperable systems.

As states transition to using dQMs, their readiness to implement these measures for all Medicaid and CHIP populations depends on the maturity of their data

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**State Resource: Getting Ready to Report Digital Quality Measures**

**Background**

The Centers for Medicare & Medicaid Services' (CMS') quality programs increasingly include digital quality measures (dQMs). dQMs are computer interpretable, fully specified, standards-based (i.e., Fast Healthcare Interoperability Resources [FHIR] - Clinical Quality Language [CQL]) measure content and are expected to reduce administrative burden and costs, reduce the likelihood of manual data entry and interpretation errors, and provide more timely quality assessments by enabling automated, standardized data analysis directly from electronic data sources.<sup>1</sup> Figure 1 provides CMS's digital quality measurement definition and examples of digital data sources for dQMs.

# NEW: dQM TA Readiness Resource

- **What is the readiness resource?**
  - New TA resource developed by CMS to help states assess where they are in the transition to digital quality measure reporting and identify next steps to advance digital reporting capabilities.
  - Note, “readiness” refers to a state’s ability to collect and utilize standardized digital data to calculate and report dQMs.
- **What is the purpose?**
  - Help states identify current capabilities and barriers to transitioning to dQM reporting.
  - Inform future technical assistance offerings.
  - Facilitate internal discussions between state quality reporting teams and their partners.
- **Next steps**
  - Reach out to [MACQualityTA@cms.hhs.gov](mailto:MACQualityTA@cms.hhs.gov) if you did not receive a copy and are interested in learning more.
  - States are encouraged to share their completed readiness resource with CMS to inform future TA planning.

## Readiness Resource Structure

**Section 1:** Asks for general information about whether and how the state reports dQMs.

**Sections 2 through 4:** Asks about the state’s infrastructure to support dQM reporting, including infrastructure needed for data capture, validation, data storage, aggregation, data mapping, and measure reporting.

**Section 5:** Poses specific questions related to Core Set dQM reporting.

**Section 6:** Asks the state to identify significant barriers and TA needs related to Core Set dQM reporting.

**Section 7:** Captures state reflections on readiness, as well as contact information for key staff.

**Glossary:** Includes key terms used to discuss digital quality measures throughout the readiness resource.

# Additional dQM Resources

Resource	Link
Child Core Set Resource Manual	<a href="https://www.medicaid.gov/medicaid/quality-of-care/downloads/medicaid-and-chip-child-core-set-manual.pdf">https://www.medicaid.gov/medicaid/quality-of-care/downloads/medicaid-and-chip-child-core-set-manual.pdf</a>
Adult Core Set Resource Manual	<a href="https://www.medicaid.gov/medicaid/quality-of-care/downloads/medicaid-adult-core-set-manual.pdf">https://www.medicaid.gov/medicaid/quality-of-care/downloads/medicaid-adult-core-set-manual.pdf</a>
1945 Health Home Core Set	<a href="https://www.medicaid.gov/resources-for-states/medicaid-state-technical-assistance/health-home-information-resource-center/health-home-quality-reporting">https://www.medicaid.gov/resources-for-states/medicaid-state-technical-assistance/health-home-information-resource-center/health-home-quality-reporting</a>
1945A Health Home Core Set	<a href="https://www.medicaid.gov/resources-for-states/medicaid-state-technical-assistance/health-home-information-resource-center/1945a-health-home-resources">https://www.medicaid.gov/resources-for-states/medicaid-state-technical-assistance/health-home-information-resource-center/1945a-health-home-resources</a>
ECDS Frequently Asked Questions	<a href="https://www.ncqa.org/hedis/the-future-of-hedis/ecds-frequently-asked-questions/">https://www.ncqa.org/hedis/the-future-of-hedis/ecds-frequently-asked-questions/</a>
NCQA ECDS Webpage	<a href="https://www.ncqa.org/resources/hedis-electronic-clinical-data-systems-ecds-reporting">https://www.ncqa.org/resources/hedis-electronic-clinical-data-systems-ecds-reporting</a>

For any Core Set related technical assistance questions, contact [MACQualityTA@cms.hhs.gov](mailto:MACQualityTA@cms.hhs.gov).

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**Thank you for joining today's webinar!**

*This communication was printed, published, or produced and disseminated at U.S. taxpayer expense.*



# dQM Terms: Glossary (1/2)

Term	Definition
<b>Aggregation</b>	The compilation of data from multiple digital data sources to produce more comprehensive datasets. Aggregation of digital data is critical for measures that depend on information from multiple providers or sources.
<b>Clinical Quality Language (CQL)</b>	A Health Level Seven International® (HL7®) domain-specific language focused on clinical quality and targeted at measure authors. The CQL specification describes a machine-readable canonical representation, expression logical model (ELM), that is designed to enable sharing of clinical knowledge.
<b>Data aggregator</b>	Data aggregators, such as Health Information Exchange Organizations, are entities that combine, map, validate, and align data by defined standards from multiple sources to produce larger datasets, enable data centralization, minimize data fragmentation, and buoy data interoperability. They absorb the burden of multi-source data cleaning, processing, validation, analysis, and quality reporting. As a result, their work leads to more comprehensive and accurate datasets that can continue to be used for quality measurement, attribution, risk adjustment, and other activities.
<b>Data capture</b>	The collection of healthcare data from various sources, such as EHRs, patient portals, and digital platforms.
<b>Data ecosystem</b>	Centralized data warehouses or data lakes, which have the capacity to handle and process large volumes of data from various sources. For example, data from a state's Medicaid Management Information System, health information exchanges, healthcare systems and case management systems.
<b>Data Extraction</b>	Collection and retrieval of data from various sources to prepare it for processing, analysis, or storage.
<b>Data Sharing</b>	The ability to exchange data through an automated process.
<b>Data Standardization</b>	Sources can be consistently interpreted and used for quality measurement
<b>Digital Quality Measure (dQM)</b>	Quality measures organized as self-contained measure specifications and code packages. dQMs use one or more sources of health information that are captured and can be transmitted electronically via interoperable systems.

# dQM Terms: Glossary (2/2)

Term	Definition
<b>Electronic Clinical Data Systems (ECDS)</b>	A reporting method that includes standards that define the data sources and types of structured data acceptable for use for a measure. Data systems that may be eligible for ECDS reporting include, but are not limited to, administrative claims, clinical registries, health information exchanges, immunization information systems, disease/case management systems and electronic health records.
<b>Electronic Clinical Quality Measure (eCQM)</b>	Quality measures specified in a standard electronic format that use data electronically extracted from electronic health records (EHR) and/or health information technology (IT) systems.
<b>FHIR (Fast Healthcare Interoperability Resources)</b>	A standard for electronically exchanging health information that enables the transfer of structured, standardized data.
<b>Interoperability</b>	The ability of different healthcare information technologies to securely exchange data.
<b>Health information network (or health information exchange)</b>	An individual or entity that determines, controls, or has the discretion to administer any requirement, policy, or agreement that permits, enables, or requires the use of any technology or services for access, exchange, or use of electronic health information: (1) Among more than two unaffiliated individuals or entities (other than the individual or entity to which this definition might apply) that are enabled to exchange with each other; (2) That is for a treatment, payment, or health care operations purpose.
<b>Validate</b>	The process to ensure data quality. Mapping data to nationally supported standards and conducting audits of digital data (including the NCQA audit system, and CMS claims), are key steps to ensure data completeness and accuracy. Automated validation for data cleaning and processing should be used when possible and have the potential to leverage technological advancements (such as natural learning processing and artificial intelligence).