Technical Assistance Webinar to Support State Reporting of the Child, Adult, and Health Home Core Sets: 2025 Updates and Reporting Resources

April 10, 2025

Emily Costello

[Slide 1] Hello and thank you for joining us for this technical assistance webinar. My name is Emily Costello, and I am part of the Core Sets Technical Assistance Team. Today we will be reviewing updates to the 2025 Child, Adult, and Health Home Core Sets and highlighting resources that are available to states. My colleagues from the TA Team – Sara Snowden, Monica Lazaro Davadi, Katie Booth, and Alli Steiner will also be presenting today. We're joined by other members of the Core Sets TA Team and by my colleagues from the Division of Quality and Health Outcomes in the Center for Medicaid and CHIP Services.

Next slide, please.

[Slide 2] Before we begin, we wanted to cover a few technical instructions. All participants of today's webinar have entered the meeting muted. We welcome audience questions during today's event. You may submit questions through the Slido Q&A panel, which is located on the bottom-right side of the Webex platform. We will have a dedicated towards the end of this webinar to respond to your questions, although you can feel free to submit your questions throughout the event.

Closed captioning is available in the Webex platform. To enable closed captioning, click on the "CC" icon in the lower-left corner of your screen. You can also click "Ctrl+Shift+A" on your keyboard to enable closed captioning. This meeting is being recorded and will be posted on Medicaid.gov after the event. Finally, if you have any technical difficulties, please contact us by using the Slido Q&A panel for assistance.

Next slide, please.

[Slide 3] I'll begin with key updates to the 2025 Child, Adult, and Health Home Core Sets and measure specifications. Next, Sara will review the use of Digital Quality Measures for 2025 reporting, the expectations for reporting stratified data, and the use of alternative data services. Then Monica will summarize data quality considerations, share TA resources to help states prepare for 2025 reporting, and preview the timeline for 2025 reporting. We will conclude with time for Q&A.

Next slide.

[Slide 4] Now we will discuss the updates to the Child, Adult, and Health Home Core Sets.

Next slide, please.

[Slide 5] Here we provide a high-level overview of the updates to the Child and Adult Core Sets for 2025. Several measures were added, all of which are voluntary for 2025 reporting. This includes three measures that were added provisionally to the Child Core Set. These include:

- Oral evaluation During Pregnancy: Ages 15 to 20
- Postpartum Depression Screening and Follow-Up: Under Age 21, and
- Prenatal Immunization Status: Under Age 21

Six measures were added to the Adult Core Set. These include:

- Adult Immunization Status
- Ambulatory Care Sensitive Emergency Department Visits for Non-Traumatic Dental Conditions in Adults
- Low-Risk Cesarean Delivery: Age 20 and Older, which will be calculated by CMS on behalf of states
- Oral Evaluation During Pregnancy: Ages 21 to 44
- Postpartum Depression Screening and Follow-Up: Age 21 and Older, which was provisionally added to the Adult Core Set, and
- Prenatal Immunization Status: Age 21 and Older

One measure was retired from the Child Core Set, which is Ambulatory Care Emergency Department Visits; and no measures were retired from the Adult Core Set.

For more information about the 2025 Child and Adult Core Sets, please refer to the May 2024 State Health Official letter, which can be accessed at the link at the bottom of this slide.

The slides will be posted on Medicaid.gov after the webinar. We will also email the slides to webinar registrants within a few days of the webinar.

Next slide, please.

[Slide 6] Here, we provide a high-level overview of the updates to the 1945 and 1945A Health Home Core Sets for 2025. In previous reporting years, the measures included in the 1945 Health Home Core Set were simply referred to as the "Health Home Core Set." Considering the introduction of the 1945A Health Home Core Set and for the purposes of clarity, the Core Set for 1945 Health Homes will now be referred to as the "1945 Health Home Core Set."

Additionally, to differentiate between 1945 and 1945A Health Home Core Set measure acronyms, the 1945 Health Home Core Set measures will continue to use the suffix "-HH" while the 1945A Health Home Core Set measures will use the suffix "-HHA."

No measures were added to the 1945 or 1945A Health Home Core Sets. Two measures were retired from the 1945 Health Home Core Set. These are:

- Ambulatory Care Emergency Department Visits, and
- Prevention Quality Indicator (PQI) 92: Chronic Care Composite

One measure was retired from the 1945A Health Home Core Set: Ambulatory Care: Emergency Department Visits

For more information about the 2025 1945 and 1945A Health Home Core Sets, please refer to the March 2024 State Medicaid Director Letter, which can be accessed at the link at the bottom of this slide.

Next slide, please.

[Slide 7] Next, I'll summarize key updates to the 2025 Core Set Measure Specifications, including data collection and reporting updates and measure-specific updates.

Next slide, please.

[Slide 8] This slide highlights a few updates relating to data collection and reporting.
First, the resource manuals have updated instructions for accessing the value set directories for measures based on HEDIS specifications in the Child, Adult, and Health Home Core Sets.
The value sets and Value Set Directory User Manual are now accessed free of charge through the NCQA website. The new link to the VSDs is provided on this slide and in the resource manuals. The resource

manuals contain additional reporting guidance related to beneficiaries with partial benefits, including an example about accessing partial benefits for states that only cover from the “conception to the end of pregnancy” population under separate CHIP.

In addition, guidance was added related to 2025 stratified reporting, including the measures subject to mandatory stratified reporting and the stratification categories. More information about the stratification categories and guidance on reporting them to CMS is available at the link on the slide and will be discussed later in the webinar.

Next slide, please.

[Slide 9] Data collection and reporting updates continue on this slide. For measures based on HEDIS specifications, all exclusions were updated to be required. Note that supplemental and medical record data can be used to identify all exclusions.

Finally, CMS is providing additional guidance on reporting separate rates for Medicaid and separate CHIP populations in the Child and Adult Core Set. This slide includes links for technical assistance resources for Medicaid and separate CHIP reporting in the Quality Measure Reporting system and applying attribution guidance.

Next slide, please.

[Slide 10] Now we will discuss key changes to the 2025 technical specifications. In the interest of time, we will not review updates for every measure, but they are listed in the Summary of Updates resources linked on this slide.

Next, we will review the 2025 measure specification updates for a few measures in greater detail. The slides are presented in alphabetical order by measure abbreviation.

Next slide, please.

[Slide 11] This slide shows the updates for the Admission to a Facility from the Community measure in the 1945 Health Home Core Set.

The measure steward added “enrollee’s home” to the definition of community residence, added the definition of the lookback period, and added required exclusions, which consisted of enrollees who resided in a facility for an entire month and enrollees who died.

Next slide, please.

[Slide 12] This slide shows the updates for the Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics measure in the Child Core Set.

The measure steward updated the required exclusion for identifying beneficiaries for whom first-line antipsychotic medication may be clinically appropriate and added “residential behavioral health treatment” to the numerator criteria.

Next slide, please.

[Slide 13] This slide shows the updates for the Screening for Depression and Follow-Up Plan measure in the Child, Adult, and 1945 Health Home Core Sets.

The measure steward removed the exclusion for beneficiaries with a depression diagnosis. Beneficiaries with a previous diagnosis of depression are now included in the measure.

Next slide, please.

[Slide 14] This slide shows the updates for the Glycemic Status Assessment for Patients with Diabetes measure in the Adult Core Set. This measure was formerly known as “Hemoglobin A1c Control for Patients with Diabetes.” The measure steward updated the name to “Glycemic Status Assessment for Patients with Diabetes.” The measure steward also added a glucose management indicator as an option to meet numerator criteria; updated the criteria for identifying beneficiaries with diabetes; and revised the numerator to clarify settings where CPT Category II code modifiers should not be used. They also clarified that “Unknown” is not considered an assessment result or finding.

Next slide, please.

[Slide 15] This slide shows the updates for the Diabetes Care for People with Serious Mental Illness: Glycemic Status > 9.0% measure in the Adult Core Set.

This measure was formerly known as Diabetes Care for People with Serious Mental Illness: Hemoglobin A1C for Control (> 9.0%). The measure steward updated the name to refer to glycemic status. The measure steward also added a glucose management indicator as an option to meet numerator criteria.

Next slide, please.

[Slide 16] This slide shows the updates for the Oral Evaluation Dental Services measure in the Child Core Set.

There are now four age stratifications and a total rate instead of nine age stratifications and a total rate. The total rate is required for Child Core Set reporting.

Next slide, please.

[Slide 17] This slide shows the updates for the Use of Pharmacotherapy for Opioid Use Disorder measure in the Adult and 1945 Health Home Core Sets.

The Substance Abuse and Mental Health Services Administration, or SAMHSA, is now the measure steward for this measure. They updated the age range of beneficiaries from ages 18 to 24 to ages 18 years and older.

Next slide, please.

[Slide 18] This slide shows the updates for the Prenatal and Postpartum Care measure in the Child and Adult Core Sets.

The measure steward clarified which delivery is counted when there are multiple deliveries.
Revised the numerator to clarify settings for where CPT Category II code modifiers should not be used.
Added “encounter for postpartum care” to the criteria for meeting the postpartum care visit numerator.

Next slide, please.

[Slide 19] This slide shows the updates for the Topical Fluoride for Children measure in the Child Core Set.

The age stratifications were updated from eight age stratifications and a total rate to four age stratifications and a total rate. These age group stratifications are reported for each of the three rates in the measure: (1) Dental or oral health services; (2) Dental services; and (3) Oral health services. For 2025 Child Core Set reporting, the total age group for each of the rates is required.

Next slide, please.

[Slide 20] Now I will pass it to Sara to talk about the use of digital quality measures in the 2025 Core Sets reporting.

Sara Snowden

Thank you, Emily.

Next slide, please.

[Slide 21] The 2025 Child, Adult, and Health Home Core Sets include digital quality measures, or dQMs, several of which are mandatory for 2025 reporting. dQMs include measures with electronic clinical quality measure, or eCQM, specifications. When eCQM specifications are available for a measure, the resource manuals include a link in the Guidance for Reporting section of the measure specification. dQMs also include measures with Electronic Clinical Data Systems, or "ECDS," reporting specifications. Starting with 2025, the resource manuals include ECDS technical specifications and guidelines for Core Set reporting.

The ECDS data collection method uses multiple data sources to provide complete information about the quality of health services delivered. For example, ECDS data sources may include one or more of the following: eligibility files, electronic health records (EHRs), personal health records (PHRs), clinical registries, health information exchanges (HIEs), or administrative claims systems. For the purposes of Core Sets reporting, states will report overall results for ECDS measures rather than by data source. CMS is developing a TA resource on reporting dQMs in the 2025 Core Sets and will send an announcement through the TA mailbox when this resource is available.

Next slide, please.

[Slide 22] This slide shows how states should report dQMs in the Quality Measure Reporting, or "QMR," system.

States that use eCQM specifications should indicate this by selecting "Electronic Health Records" in the Data Source section in QMR.

An optional free text field will appear where the state can provide any additional information about the data source. States that use the ECDS specifications should select "Electronic Clinical Data Systems" in the Data Source section. States will then be encouraged to select from a list of the specific data sources that they used to calculate the measures. States can select all that apply from the options shown here, and an optional free text field will appear where the state can provide any additional information about their data sources.

Next slide, please.

[Slide 23] This slide shows the measures in the Child, Adult, and Health Home Core Sets with ECDS Specifications for 2025 and indicates which measures are required under mandatory reporting. The measures are categorized by those using only ECDS specifications, at the top of the table, followed by measures that have other reporting specifications in addition to ECDS.

Next slide.

[Slide 24] Now I'll present on reporting stratified data for the 2025 Core Sets.

Next slide, please.

[Slide 25] As a reminder, for the 2025 Core Sets, states must report stratified data for a subset of measures. These measures for the Child and Adult Core Sets are listed on this slide and in the May 2024 State Health Official letter.

Next slide, please.

[Slide 26] The 2025 1945 and 1945A Health Home Core Set measures subject to mandatory stratified are listed here on this slide.

Next slide, please.

[Slide 27] The next slide provides more information about the stratification categories for 2025 Core Sets reporting.

The first category is stratified Race and Ethnicity reporting. For 2025, states can stratify Race and Ethnicity data using either of two reporting options. The first option is the 1997 Office of Management and Budget, or "OMB," Minimum Race and Ethnicity categories, as specified in the 2011 HHS Standards. These are the categories that have been in QMR for previous reporting years.

Alternately, states can use the 2024 OMB Statistical Policy Directive No. 15, Standards for Maintaining, Collecting, and Presenting Federal Data on Race and Ethnicity. There is a TA resource available on Medicaid.gov that provides additional guidance on reporting stratified results in the QMR system for the 2025 Core Sets. The link to this resource is shared on this slide.

Next slide, please.

[Slide 28] The 2011 HHS Standards separate reporting for Race and Ethnicity. This slide shows the QMR stratification categories for reporting race in alignment with the 1997 OMB categories, as specified in the 2011 HHS Standards. States can add categories by selecting "Add Another Race." In addition, for the Asian and Native Hawaiian or other Pacific Islander categories, states have the option of reporting aggregate data or disaggregated data by subcategories.

For the "Two or More Races" category, states should collect state information in a disaggregated way. For example, an individual that identifies as both Asian and White should be able to select each race. However, states may choose to later aggregate this information and code these individuals as two or more races for the purpose of Core Set stratification.

Next slide.

[Slide 29] This slide shows the QMR stratification category for Ethnicity in alignment with 1997 OMB Categories, as specified in the 2011 HHS Standards. For beneficiaries of Hispanic, Latino, Latina, or Spanish origin, states can report aggregate or disaggregated data and collect categories by selecting "Add Another Ethnicity."

Next slide, please.

[Slide 30] Alternatively, states can report stratified Race and Ethnicity data for the 2025 Core Sets in alignment with the 2024 OMB Statistical Policy Directive No. 15. Note that when using these standards, Race and Ethnicity are combined into a single variable. And note that an individual may be counted in multiple races or ethnicity categories.

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

Next slide, please.

[Slide 31] This slide shows the QMR stratification categories for Sex for 2025 reporting. Note as the measure is only specified for female beneficiaries, QMR will not include a reporting option for Sex stratification.

Next slide.

[Slide 32] Finally, this slide shows the geography categories in the QMR system for 2025 reporting. Note that the stratification TA resource listed at the beginning of this section provides guidance on how to define “Rural” and “Urban” for Core Set reporting.

Next slide, please.

[Slide 33] Now I will present the alternate data sources that will be used for 2025 Core Sets reporting.

Next slide.

[Slide 34] CMS collaborates with the Agency for Healthcare Research and Quality, or AHRQ, to use data from the Consumer Assessment of Healthcare Providers and Systems, or CAHPS, Health Plan Survey Database to streamline reporting of the three CAHPS survey measures included in the Child and Adult Core Sets.

For 2025, CMS will continue to use data from the AHRQ CAHPS Database for public reporting of Core Set measures.

Medicaid and CHIP state agencies and health plans should submit CAHPS Health Plan Survey data to the 2025 AHRQ CAHPS Database during the submission window in June 2025. This includes surveys administered between June 29, 2024, and June 27, 2025. These data correspond to the 2025 Core Set reporting cycle.

Entities that submit data in the AHRQ CAHPS Database will be invited to approve the sharing of CAHPS data with CMS for the purpose of 2025 Core Sets reporting.

States that cannot meet the AHRQ CAHPS submission deadline can indicate that they conducted a CAHPS survey for the Child and/or Adult Medicaid population for 2025 in the QMR system.

Prior to 2025 Core Set public reporting, states will receive a customized preview report showing the state-level results that were calculated for the state based on submissions to the AHRQ CAHPS database.

For more information about conducting and reporting CAHPS for Core Sets, reference the Fact Sheet on CAHPS Reporting Requirements, visit the AHRQ CAHPS Database website, or email us at the address shown on this slide.

Next slide, please.

[Slide 35] CMS will continue to calculate the Live Births Weighing Less than 2,500 Grams and Low-Risk Cesarean measures for all states. CMS will use natality data submitted by states and compiled by the National Center for Health Statistics (NCHS) in the Center for Disease Control and Prevention’s Wide-ranging Online Data for Epidemiologic Research or CDC WONDER.

Starting with 2025 Core Set reporting, the LRCD measure is included in the Child Core Set for births to women under age 20 and in the Adult Core Set for women aged 20 and older.

In Spring 2026, CMS will send states a preview of the 2025 LBW-CH and LRCD-CH/AD measures prior to 2025 Core Set public reporting. The measures will be calculated using calendar year 2024 natality data.

Next slide, please.

[Slide 36] Now turning to the NCI-IDD measure.

The National Core Indicators Intellectual and Developmental Disabilities, or NCI-IDD, provide information on beneficiaries' experience and self-reported outcomes of long-term services and supports for individuals with intellectual and developmental disabilities and their families.

State agencies voluntarily submit NCI-IDD In-Person Survey results to the NCI National Team using the Online Data Entry System, also known as ODESA.

State agencies that submit data in ODESA will be invited to approve the sharing of the NCI-IDD In-Person Survey data with CMS for the purpose of 2025 Adult Core Set reporting.
CMS will send states a preview of the NCI-IDD data for 2025 Adult Core Set prior to public reporting.

Next slide, please.

[Slide 37] Now I'll pass it to Monica, who will give an overview of the data quality considerations for 2025 Core Sets reporting.

Monica Lazaro Davadi

Thank you, Sara.

Next slide, please.

[Slide 38] When states enter their Core Set data in the QMR system, they should confirm the following:

First, the data should be complete - answer all questions in QMR, including the measure-level questions and the state-level qualifier questions.

Data should be accurate. Double-check the information that is entered as expected before submitting the report.

Data should be consistent for measures that are reported across multiple Core Sets.

In addition, states should provide necessary context for their reported data. We'll provide more guidance on this in the following slides.

Additional guidance on assessing data quality in QMR can be found in the combined Data Quality Checklist for the Child, Adult, and Health Home Core Sets. A link to this resource is included on this slide. We encourage states to review the checklist as you begin reporting as a final check before you submit the report.

Next slide, please.

[Slide 39] On the next few slides, we will provide more detail on data quality considerations for 2025 reporting.

First, states should ensure that measures included in multiple Core Sets are reported for all applicable Core Sets for the specified ages.

We would also like to emphasize the importance of data documentation. States should concisely document any variations from the Core Set specifications, such as differences in age groups, data sources, and methods in the available text fields in QMR.

Next slide, please.

[Slide 40] States should document any populations or services that are excluded from their calculations of each measure. For example, please carefully document exclusions by program, namely Medicaid or CHIP; by delivery system, such as fee-for-service or managed care; special populations like dually eligible beneficiaries or individuals in foster care; and specific health care settings, such as services provided at federally qualified health centers, rural health clinics, or Indian Health Service facilities.

If you're unable to include some measure-eligible populations, please select "No" to the question that asks: "Does this denominator represent your total measure-eligible population as defined by the technical specifications for this measure?" Then, we ask that you describe which populations are missing and estimate the size of the excluded population.

Next slide, please.

[Slide 41] Here we provide some tips for documenting information in QMR. The QMR system includes text fields that are combined into "state-specific comments (or SSCs)." The SSCs accompany state rates in public reporting, such as the Core Set Data Dashboard and Medicaid and CHIP Scorecard.

The SSCs are created using information from the following text fields:

- Data source descriptions
- Descriptions of other populations and excluded populations
- Variations
- Additional notes/comments on measures, and
- Other delivery systems

Text fields that are used to create the automated SSCs are indicated in the QMR system with a note.

Text entered in these fields should be concise, appropriate, intended for public reporting, and only include context that is necessary for understanding a state's data. When entering text in these fields please use complete sentences and avoid using special formatting (like bullets and tables).

Additional information on how the SSCs are automated can be found in the link on this slide. We encourage states to review this guidance before entering information in the text fields.

Next slide, please.

[Slide 42] Now I will discuss Technical Assistance Resources and reporting reminders.

Next slide, please.

[Slide 43] Later this spring, CMS will send out letters to each state to identify any gaps in 2024 reporting and to support states in meeting 2025 mandatory reporting requirements.

The letter will indicate whether the state's reporting for 2024 met key mandatory reporting requirements, including whether the state reported all populations for mandatory measures, along with reminders and guidance about requirements for 2025 mandatory reporting.

Next slide, please.

[Slide 44] On this slide we provide details on the population exemption process, which is applicable for Child and Adult Core Sets reporting.

States are expected to report mandatory measures for all Medicaid and CHIP measure-eligible beneficiaries unless exempted by CMS.

The following populations, which were identified as exempt in the Initial Mandatory Core Set State Health Official letter, will remain exempt from Child and Adult Core Set mandatory reporting for 2025 due to states' systematic challenges with data access:

- Beneficiaries who have other insurance coverage as a primary payer before Medicaid or CHIP, including individuals dually eligible for Medicare and Medicaid.

- Individuals whose Medicaid or CHIP coverage is limited to payment of liable third-party coverage premiums and/or cost sharing.

A population exemption request is not required if the population is not eligible to receive services assessed in the measure.

For Child and Adult Core Set reporting, states can request a 1-year exemption from reporting for specific populations for one or more mandatory measures. There are no population exemptions for Health Home Core Sets reporting.

As a reminder, exemption requests must come from the State Medicaid Director and provide a reasonable timeline of the actions underway to resolve the issue if applicable so that the population can be included in state reporting in future years.

2025 Core Set population exemption requests are for one year and must be submitted no later than September 1, 2025.

Next slide, please.

[Slide 45] We will discuss some technical assistance resources that are available to help states with their Core Sets reporting.

All the resources highlighted in the next few slides are available for the Child, Adult, 1945 and 1945A Health Home Core Sets. This slide shows links to resources for the Child Core Set, and the next two slides show links for the Adult and Health Home Core Sets.

The first link is to the general Medicaid.gov Core Set home page, where you can find all these reporting resources.

Next, the 2025 measure lists include the measure name, measure steward, and data collection methodology.

The Resource Manuals and Technical Specifications contain general reporting guidance as well as technical specifications for each measure. They also contain links to the value set directories and medication lists if needed to calculate a measure.

We prepared a Summary of Updates document for each Core Set, which provides an overview of high-level changes from the previous year. These documents outline all the changes to the measures that we discussed today, as well as some additional changes.

Next, we have a Data Quality Checklist, which I referred to earlier. States are encouraged to conduct internal quality reviews of Core Set data prior to submission. This document is intended to help states improve the completeness, accuracy, consistency, and documentation of data reported.

Finally, the Measurement Period Tables include the denominator, numerator, and continuous enrollment measurement periods for each measure in the Core Sets.

Next slide, please.

[Slide 46] And here you have links to the same resources for the Adult Core Set.

Next slide, please.

[Slide 47] And here you have links to the same resources for the 1945 Health Home Core Set.

In addition, there is one resource specific to the Health Home Core Sets. The expected reporting table provides guidance on which Health Home Programs are expected to report for each reporting year based on the effective date of the program. Health Home Programs that were in effect for six or more months of the measurement period are expected to report for 2025.

Next slide, please.

[Slide 48] And here you have links to those same resources for the 1945A Health Home Core Set.

Next slide, please.

[Slide 49] Finally, here are some additional resources that have been updated for 2025 reporting and that apply across the Core Sets or that focus on specific measures.

Next slide, please.

[Slide 50] This slide lists additional resources that have been updated for 2025 reporting.

We want to highlight that AHRQ offers free software for calculating the four prevention quality indicators, or PQI, measures included in the Adult Core Set. Please note that the software calculates the rates per 100,000 beneficiaries, while the Core Set measures are reported per 100,000 beneficiary months. States will need to adjust the calculation for the Core Sets reporting.

Please also note that the measure steward maintains SAS code for calculating the contraceptive care measures.

Next slide, please.

[Slide 51] We wanted to remind you that one-on-one virtual TA on mandatory Core Sets reporting is available upon request from the TA mailbox.

This fall, CMS will host a webinar on reporting the Core Set measures and QMR.

A reminder that updates on additional webinars and TA resources will be announced through the email noted on the slide.

Next slide, please.

[Slide 52] Now we'd like to provide an update on the timeline for 2025 reporting.

CMCS will open QMR for reporting the Child, Adult, and Health Home Core Sets for 2025 reporting in September 2025.

CMCS anticipates that Core Sets reporting for 2025 will close by December 31, 2025.

Next slide, please.

[Slide 53] Now we have some time for Q&A. As Emily mentioned, you can enter your questions into the Slido Q&A panel on the bottom righthand side of the screen.

I'll now pass it to Alli to facilitate the Q&A.

Alli Steiner

Wonderful, thank you so much, Monica.

I'm going to start with a couple of questions that we've received so far and a couple of questions that we received as part of the webinar registration.

The first question is about combining and reporting ECDS measures when reporting entities used different approaches. The question asks: *Can you provide guidance on best practices for combining and reporting ECDS measures to CMS when data must be aggregated from multiple MCOs?*

I'm going to pass this one to Katie.

Katie Booth

Thanks, Alli.

So, since ECDS measures use the full eligible population for the denominator, rather than a sample like in hybrid, the approach for aggregating data would be similar to combining data for measures calculated using administrative data only. We have a resource called the State-Level Rates Brief, which provides guidance about treating ECDS measures similar to administrative only measures, with regard to the calculation logic for creating a state-level rate. I'll drop that in the chat now.

Alli Steiner

Thanks, Katie.

The next question is a similar topic. It says: *Can you share the resource that talks about blended rates if you have a fee-for-service population and a managed care population?*

So, I'll pass that one to Katie as well.

Katie Booth

This question is also answered in that State-Level Rates Brief, which provides the information about blending rates for fee-for-service and managed care populations as well. So, all of that is in the PDF that's now in the chat.

Alli Steiner

Great, thanks, Katie.

Next we have a question about the developmental screening measure. It asks: *Does a partial filled out developmental screening count for numerator compliance or only a screening with all questions answered?*

Katie, can you take that one?

Katie Booth

Yes, so a measure steward confirmed that an incomplete developmental screening should not be counted towards the numerator. They also noted it would not be possible to interpret the results of an incomplete screening. So, the answer to that is, "No."

Alli Steiner

Thanks, Katie.

We also have a question about the TFL measure. The question asks a question about the age ranges. The person pointed out that the specs had an overlap with age 3 appearing in two places and asked to clarify the correct ages for those groups.

I'll pass it to Katie for this one.

Katie Booth

Thanks.

And thank you for reading those specifications so carefully. So, this has been updated in all the relevant documents to show the correct age stratifications for the TFL-CH letter. The correct ones are ages 1 to 2 and then ages 3 to 5 and then 6 to 14 and 15 to 20. So, all the documents should now be updated to reflect these correct and non-overlapping age groups.

Alli Steiner

Great, thanks, Katie.

Now I'll ask a question about alignment with HEDIS. The person is specifically asking about the Prenatal and Postpartum Care measure, or PPC measure. They asked if CMS will continue to require two separate samples for entities to report the PPC measure, one for Title XXI and one for Title XIX.

So, I'll pass this one to you as well, Katie.

Katie Booth

Yes, CMS does not plan to change the PPC2 reporting guidance. When using the hybrid method, separate samples are needed for the Child and the Adult Core Set age groups. In addition, separate samples are needed for (1) the separate CHIP and (2) Medicaid. The Medicaid sample should include Medicaid-expansion CHIP.

Alli Steiner

Alright, thank you, Katie.

The next question is with regard to expectations for submitting CAHPS data for CHIP. The question asks: *If a state has both expansion CHIP – so Medicaid-expansion CHIP and stand-alone CHIP or separate CHIP, is the expectation to include the Medicaid-expansion CHIP with Medicaid Child and Adult results and then separately include the separate CHIP or alternative?*

We will clarify what the expectation is on our response. I'm going to pass this one to Sara about how the CAHPS measure should be calculated and reported.

Sara Snowden

Thanks, Alli.

States must separately survey and submit data for their (1) Medicaid, including the Title XXI-funded M-CHIP and (2) S-CHIP populations. So, the survey samples must be representative of all the eligible

Medicaid or S-CHIP beneficiaries, and separate CHIP is submitted separately in a CHIP template. Medicaid-expansion CHIP gets included with the Title XIX Medicaid.

Alli Steiner

Thanks, Sara.

So now moving to some additional questions have come in during the webinar. A question about the MAC QRS, the MAC Quality Rating System. They asked if the methodologies for calculating mandatory measure set will align with methodologies for calculating the Child and Adult Core Set measures. CMS has not yet released reporting guidance and specifications for MAC QRS. CMS will provide these resources prior to the first year of the MAC QRS reporting. CMS also maintains a dedicated mailbox for questions about MAC QRS, which you're welcome to email the MAC QRS Team. I will drop the email address for that into the chat.

Okay, the next question I will pass to Katie.

It's with regard to stratification. It asks: *Can states decide which methodology to use, 1997 versus 2024? Is there a schedule of upcoming measures to be stratified? Should we remain consistent with methodology over time?*

Thank you for that question.

Katie Booth

Yes, states can select either method for reporting Race and Ethnicity for the 2025 Core Sets reporting. States can also change to using a different method over time. The mandatory reporting Final Rule outlines the percentage of measures that are required for stratification each year. That increases to 100% of eligible measures by 2028 Core Set reporting. The same percentage of measures are required for stratification for both 2026 and 2027. So, CMS doesn't require – does not expect to change the required measures unless one of the required measures is removed from the Core Sets.

Alli Steiner

Great, thanks, Katie.

All right, we have a question about new measures for this year. It asks – it mentions on one of the earlier slides, the Child measures were listed as voluntary and asks: *Are all of the old Child measures still mandatory? These just aren't mandatory because they're new.*

So that is correct. There are several measures that are considered provisionally added to the Core Sets. Those measures are voluntary for 2025 reporting, and all measures that were existing on the Core Sets are still mandatory. So, measures that are kind of on the Core Sets for the first time are considered provisional for that first year that they are included.

All right, thanks for all these great questions.

We have a question that says: *If we have beneficiaries with partial benefits that don't qualify for any of the separate CHIP measures, do we still complete the CHIP reports in QMR and just indicate that we aren't reporting the measure because the population doesn't qualify?*

Yes, that's correct. If your state has a separate CHIP population and determine that the population has limited benefits and do not meet the measure eligibility criteria, you would still be asked to complete the separate CHIP report in the QMR system and indicate in the "Reasons for not Reporting" field that the

individual or that there's nobody in the measure-eligible population that qualifies for the measure. But we would still ask you to complete and submit the report.

Okay, the next question is about individuals dually eligible for Medicare and Medicaid. It asks: *Is there any update on the timeline of mandatory inclusion of dually eligible beneficiaries in the Core Sets?*

I'm going to pass this one to Katie.

Katie Booth

Thanks, Alli.

So, CMS has not provided an update. So, the 2025 State Health Official letter, or SHO, includes the continued exemption for the dually eligible population for 2025 Core Set reporting. The SHO for 2026 continues this population exemption for 2026 Core Set reporting. CMS reviews each population exemption annually to try to determine data availability. So, at this time, we are unable to confirm when this data for those dually eligible populations will be required; and we encourage states to continue to explore ways to access this data so that these beneficiaries can be included in Core Set reporting in future years.

Alli Steiner

Thanks so much, Katie.

All right, so we have a question that asks about ECDS measures. It says: *Is there a phase out data for QMR submissions for states that do not yet have ECDS capability?*

So, there are two measures that are mandatory on the Core Sets for 2025 that have ECDS-only specifications. These measures – the ECDS reporting methodology does include administrative data as one of the possible data sources. So, states would still be encouraged to follow the specifications in the Resource Manual using their administrative data and still calculate those measures.

If you have any questions about that, we'd be happy to discuss one-on-one; but states should still plan to calculate and report those measures, even if they are only including administrative data as the data source.

Okay, we have another question about CAHPS. The question asks: *If a plan surveys Child Medicaid and M-CHIP separately, can separate files be uploaded to the CAHPS database and then combined for CMS reporting?*

I'm going to pass this one to Sara.

Sara Snowden

Yes, states and/or health plans can submit separate files for the eligible Child Medicaid population, such as Child Medicaid and M-CHIP. Those will be included in the AHRQ CAHPS database overall state-level results.

Alli Steiner

Thanks, Sara.

We have a question about sample sizes: *If we can get our 411 sample for hybrid measures from a combined MCO/Fee-For-Service population, can we use that rather than using a 411 sample for each MCO and the 411 for the fee-for-service?*

Katie, can I pass that one to you?

Katie Booth

So, yes, if a state conducts a statewide sample that includes all measure-eligible beneficiaries – so including those in both fee-for-service and managed care – the state can use a single sample of 411 for the full state population.

Alli Steiner

Thanks, Katie.

We have a question about a TA session. I can take this one. It asks if there are any plans to have a TA session on calculating and weighting from multiple data sources.

So, there's not currently a group TA session planned around this topic, but we would be very happy to meet with any states that have questions about this and walk through the calculation methodology together. So please feel free to reach out to the MAC Quality TA mailbox if you'd like to schedule a time to meet about that.

We have a question about whether dual-eligible beneficiaries are excluded from Health Home reporting.

Just to reiterate, they are currently exempted from inclusion. They're encouraged to be included but exempt for Adult Core Set reporting. However, they are *not* excluded or exempted from the Health Home reporting. In other words, duals should be included in Health Home reporting.

We have a question about stratification. Let's see, so the question is asking if Race stratification is optional or mandatory.

So, the Final Rule and the State Health Official letter sets out expectations for a subset of measures for which stratification – so including race, ethnicity, geography, and sex – is mandatory for 2025 reporting. We can also drop the link to the State Health Official letter that includes those measures.

We also have a question about future expectations for Health Home reporting requirements for 2026 and beyond, and that guidance will be forthcoming.

Thanks for all your questions. We're just catching up on all the questions that have come in. So, there's a question – let's see, there's another question regarding Race and Ethnicity. There's a question about whether Race and Ethnicity are combined as one variable or separate.

So, the previous standards had Race and Ethnicity as separate variables. The new standards that were released last year combined those variables – or combined Race and Ethnicity into a single variable. So, for this year for 2025 Core Set reporting, states will be able to indicate in the QMR system which approach they'd like to take; and they can report using either Race and Ethnicity combined or separate.

We also have a question about stratifying for a small state that could result in numbers that are too small to report.

CMS will take into account small cell size policies. They would not publicly report any data that has a count of 1 to 10 or that could be used to derive a count of 1 to 10. CMS still encourages states to report the data even if there are small cell sizes; although if that contradicts any guidance from your state, we would ask that you follow your state's guidance. We'd be happy to talk about your state-specific situation one-on-one.

There's a question about – another question about duals. The question asks whether there's an expectation that duals would be excluded.

No, states have the option to include duals, as well as individuals that have third-party coverage, if they have the data available. But CMS has given an exemption for these populations for Child and Adult 2025 Core Set reporting in case states do not have complete data. So, states are still encouraged to include those populations, but it's not a requirement.

We will plan to send out the slides and post them on Medicaid.gov within a week or so.

Thank you. We are just about up on time, and we are just checking to make sure that we've received – or that we've responded to all the questions that have come in.

Okay, we are going to wrap up. If we didn't get to your question, we will plan to follow up with you offline. I believe there was maybe one more question about measure specs that we will take offline and discuss with the measure steward and respond to you offline.

[Slide 54] We wanted to thank everybody for attending today and for all your great questions. CMS greatly appreciates all the work states are doing to prepare for 2025 reporting, and we look forward to continuing to work with you.

We'd encourage you to please complete the webinar evaluation as you exit the webinar.

Thank you and have a great rest of your day.