

Technical Assistance Webinar to Support State Reporting of the Child, Adult, and Health Home Core Sets: FFY 2022 Updates and Reporting Resources

May 18, 2022

Katie Booth:

[Slide 1] Hello and thank you for joining us for this Technical Assistance Webinar. My name is Katie Booth, and I'm part of the Technical Assistance Team for the Medicaid and CHIP Core Sets of Quality Measures.

Today, we will be reviewing updates to the Federal Fiscal Year 2022 Child, Adult, and Health Home Core Sets. I'm joined by my colleagues, Renee Mc Kain and Ilse Argueta, who will also be presenting today. We're also joined by other members of the Core Set TA Team, and by colleagues from the Division of Quality and Health Outcomes in the Center for Medicaid and CHIP Services.

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[Slide 2] Before we begin, we wanted to cover a few housekeeping items. All participants logged into the webinar have their phone lines muted. We welcome audience questions throughout today's event through the Q&A panel, which is located on the right side of the WebEx platform. We will have a dedicated time toward the end of this webinar to respond to your questions. You can submit questions by selecting "All Panelists" in the dropdown menu and clicking "Send."

This meeting is being recorded and will be posted on Medicaid.gov after the event. Finally, if you have any technical questions, please contact Derek Mitchell, the event producer, for today's webinar by using the Q&A panel for assistance.

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[Slide 3] For our agenda today, I will first review major updates to the 2022 Child, Adult, and Health Home Core Sets and highlight notable changes to technical specifications. Then, Ilse will discuss some of CMCS's plans for using alternate data sources and preview data quality priorities for this coming reporting year. Next, Renee will highlight TA resources to help states calculate the measures, and finally she will preview the timeline for FFY 2021 and FFY 2022 reporting.

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[Slide 4] So, now we'll discuss the updates to the Child, Adult, and Health Home Core Sets, including the measures that were added or removed or modified for FFY 2022 reporting year.

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[Slide 5] Here, we provide a high-level overview of the updates to the Core Sets for FFY 2022. Three new measures were added to the Child Core Set this year: Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence Ages 13 to 17; Oral Evaluation, Dental Services; and Topical Fluoride for Children.

One measure was added to both the Child and Health Home Core Sets, Follow-Up After Emergency Department Visit for Mental Illness was added to the Child Core Set for beneficiaries ages 6 to 17, and the measure was added to Health Home Core Set for health home enrollees ages six and older.

One measure was added to the Adult Core Set: Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis, and one measure was added to both the Adult and Health Home Core Sets: Colorectal Cancer Screening.

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Finally, three measures were retired for FFY 2022, the Percentage of Eligibles Who Received Preventative Dental Services and Audiological Diagnosis No Later Than 3 Months of Age measures were retired from the Child Core Set. The Elective Delivery measure was removed from the Adult Core Set.

For more information about the addition or removal of these measures from each Core Set, please refer to the CMCS Informational Bulletins, which can be accessed at the links at the bottom of this slide. The slides will be posted on Medicaid.gov after the webinar.

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[Slide 6] Now we'll review the new and updated measures in a bit more detail. Please note that the FFY 2022 Resource Manual contains the technical specifications for the measures. Links to these documents on Medicaid.gov can be found toward the end of the slide deck.

The Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence measure assesses the percentage of emergency department visits for beneficiaries ages 13 to 17 with a principal diagnosis of alcohol or other drug abuse or dependence who had a follow-up visit. The measure includes two rates and is calculated using administrative data. The first rate assesses the percentage of ED visits with a follow-up with any practitioner within 30 days after the ED visit, including the date of the visit. The second rate assesses the percentage of ED visits with a follow-up with any practitioner within seven days after the ED visit, including the date of the ED visit. This measure was previously added to the Adult and Health Home Core Sets.

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[Slide 7] The new Oral Evaluation measure assesses the percentage of enrolled children under age 21 who receive comprehensive or periodic oral evaluation within the measurement year. The measure includes nine age stratifications and a total rate that is calculated using administrative data.

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[Slide 8] The new Topical Fluoride measure assesses the percentage of enrolled children ages 1 to 20 who received at least two topical fluoride applications as dental and oral health services, dental services, and oral health services within the measurement year, and where there were at least two unique dates of service where topical fluoride was provided. The measure includes three rates and is calculated using administrative data.

As you can see on this slide and the next one, there are three numerators based on the type of provider applying the topical fluoride. The first numerator indicates whether the fluoride applications were provided as dental or oral health services, and the second numerator focuses on fluoride applications provided as dental services.

Next slide.

[Slide 9] The third numerator indicates whether the fluoride applications were provided as oral health services. Each of these three rates is reported by eight age stratifications and the total rate.

The Oral Evaluation and Topical Fluoride measures join the Sealant Receipt on Permanent First Molars measure, which was added to the FFY 2021 Child Core Set to make up the suite of Child Core Set Dental and Oral Health measures. As you can see on the slide, CMS has a new TA resource that provides an overview of these three dental measures. It's available at the link on the slide.

Next slide, please.

[Slide 10] The Follow-Up After Emergency Department Visit for Mental Illness measure, which is currently in the Adult Core Set, was added to both the Child and Health Home Core Sets for FFY 2022. The measure will be reported for children ages 6 to 17 for the Child Core Set, and for health home enrollees age six and older for the Health Home Core Set.

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[Slide 11] Now I will describe the Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis measure. This measure was added to the Adult Core Set for beneficiaries age 18 and older. This measure assesses the percentage of episodes for beneficiaries age 18 and older with a diagnosis of acute bronchitis/bronchiolitis that did not result in antibiotic dispensing event.

This measure includes a single rate and is calculated using administrative data. The measure is calculated as an inverted rate, which is defined as one minus the numerator, divided by the denominator, where the denominator is the measure eligible population. A higher rate indicates appropriate treatment for acute bronchitis/bronchiolitis; that is the percentage of episodes that did not result in an antibiotic dispensing event. Please note that this rate should be reported as a percentage, so the rate should be multiplied by a hundred.

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[Slide 12] Now I would like to talk about the Colorectal Cancer Screening measure, which has been added to the Adult and Health Home Core Sets for FFY 2022. This measure assesses the percentage of beneficiaries ages 50 to 75 who had appropriate screening for colorectal cancer. This measure includes a single rate and is calculated using administrative or EHR data.

We wanted to note that the Colorectal Cancer Screening measure is also specified for Electronic Clinical Data System, or ECDS reporting; however, ECDS specifications are not currently available for Core Set reporting. As shown on this slide, the numerator for this measure includes five types of colorectal cancer screenings, with specific criteria for each type of screening. The screenings vary in their look-back period, ranging from the current measurement year for fecal occult blood tests, to up to nine years prior to the measurement year for colonoscopy.

We wanted to mention a few considerations to help states implement the technical specifications for this measure. First, states that do not have up to nine years of look-back data for a beneficiary, should use the data available to them, regardless of whether the data covers all the years specified in the criteria for each type of screening; second, beneficiaries do not need to be continuously enrolled during the look-back period for each type of screening; and, third, states can choose to use medical records and results of medical history as a supplemental data source when calculating the numerator.

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[Slide 13] Additionally, we want to let everyone know that there is a new TA resource to help states calculate the Colorectal Cancer Screening measure for FFY 2022. It's available on [Medicaid.gov](https://www.Medicaid.gov) and at the link on this slide.

Next slide.

[Slide 14] Now I will discuss some additional updates to the measure specifications for FFY 2022. These reflect changes made by the measure stewards during their annual updates. First, I will present cross-cutting changes to the specifications for FFY 2022. Then I will present changes for a few measures. You can also find information about these changes in the Summary of Updates on [Medicaid.gov](https://www.Medicaid.gov), which will be described later in the webinar.

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[Slide 15] For several measures based on HEDIS specifications, guidance was added that states should exclude beneficiaries who died during the measurement year if the states can identify those beneficiaries. Guidance was also added for two Adult Core Set measures about exclusion of those receiving palliative care. Measures that are affected are shown on this slide using the measure acronyms. If you are not familiar with the measure names and acronyms, we've included a measure list for each Core Set in the appendix of this slide deck.

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Also, clarification was added that beneficiaries in hospice should be removed as states determine a measure-eligible population. When the hybrid method is used, states should remove beneficiaries in hospice prior to drawing the sample. Additionally, the TA team updated the resource that summarizes telehealth allowances for all Core Set measures, and that link is provided here.

Next slide, please.

[Slide 16] Now we will review the FFY 2022 specification updates for a few measures in greater detail. This slide shows updates to guidance and definitions for the Screening for Depression and Follow-Up Plan measure in the Child, Adult, and Health Home Core Sets. The measure steward added guidance, clarifying that the intent of the measure is to screen for depression in beneficiaries who have never had diagnosis of depression or bipolar disorder prior to the eligible encounter used to evaluate the numerator.

Also, to satisfy the follow-up requirement for a beneficiary with a positive screen, the eligible clinician would need to provide one of the follow-up actions included in the specifications, which does not include the use of standardized depression screening tool. Should a beneficiary screen positive for depression, a clinician could opt to complete a suicide risk assessment, when appropriate, and based on individual beneficiary characteristics. However, for the purpose of this measure, a suicide risk assessment will not qualify as a follow-up plan.

The definitions for screening and follow-up plan were also updated. The screening definition now notes that the depression screening can be either a clinical or diagnostic tool, and that it must be reviewed and addressed in the office of the provider on the date of the encounter. The follow-up plan definition removed additional evaluation for depression in suicide risk assessment as requirements for documenting follow-up for a positive depression screening.

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[Slide 17] This slide highlights updates to four contraceptive care measures in the Child and Adult Core Set. For all four measures, diaphragm was removed as a moderately effective method of contraception. In addition, the value set directories were updated, as shown here, including codes indicating a miscarriage, ectopic pregnancy, stillbirth, or induced abortion, provision of a most or moderately effective contraceptive and use of a long-acting reversible contraception method. For the Contraceptive Care All Women or CCW measures, codes were also updated indicating sterilization for non-contraceptive reasons.

Next slide, please.

[Slide 18] Next, the Childhood Immunization Status measure was updated to remove combinations two, four, five, six, eight, and nine. The reported rates for FFY 2022 are each of the individual vaccine components shown on the slide at the top of the table, as well as combinations three, seven, and ten.

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[Slide 19] This slide shows clarifications to the Developmental Screening in the First Three Years of Life measure in the Child Core Set. The measure steward clarified guidance for reporting around using modified claims when calculating the numerator. States can use a modifier to indicate a global developmental screening occurred. States should exclude a screening with a modifier if the intent of the modifier is to indicate that only a domain-specific screening occurred. Finally, the measure steward clarified that modifiers indicating a screening was performed at certain types of visits can be included.

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[Slide 20] And finally, the Use of Pharmacotherapy for Opioid Use Disorder measure in the Adult and Home Health Core Sets was updated. NDC codes for Belbuca, Buprenex, Butrans, and their generic equivalents were removed, as these medications are indicated for pain management.

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[Slide 21] Now I'll pass it to Ilse to discuss alternate data sources and data quality considerations for Core Set reporting.

Ilse Argueta:

Thank you, Katie. First, I'll present the alternate data sources that will be used FFY 2022 reporting.

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[Slide 22] To reduce state burden and streamline reporting, CMCS will calculate the Live Births Weighing Less than 2,500 Grams and Low-Risk Cesarean Delivery measures for all states. CMCS will use state natality data submitted by the states and compiled by the National Center for Health Statistics and the Centers for Disease Control and Prevention's Wide-ranging Online Data for Epidemiologic Research, or CDC WONDER.

In the spring of 2023, CMCS will send states a preview of these measures, calculated using calendar 2021 natality data.

Next slide, please.

[Slide 23] The National Core Indicators survey, or NCI, provides 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 the NCI in-person survey results to the NCI National Team using the Online Data Entry System, or ODESA. State agencies that submit data in ODESA will be invited to approve the sharing of NCI in-Person Survey Data with CMCS for the purpose of including it in the FFY 2022 Adult Core Set reporting. In spring 2023, CMCS will send a preview of the NCI data for the FFY 2022 Core Set reporting.

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[Slide 24] Now turning to the four measures in the Child and Adult Core Sets based on CAHPS. CMCS is working in collaboration with the Agency for Healthcare Research and Quality, AHRQ, to use data from the AHRQ CAHPS Health Plan Survey Database to streamline reporting for the four CAHPS survey measures included in the Child and Adult Core Sets. Medicaid and CHIP state agencies and health plans are encouraged to submit their CAHPS Health Plan Survey data to the 2022 AHRQ CAHPS Database during the upcoming submission window, between June 6th and July 1st.

States and plans may submit data for the CAHPS health plans 5.0, 5.0H, and 5.1, 5.1H survey versions that were fielded between July 1st, 2021 and June 30th, 2022. CMCS plans to use data from the AHRQ CAHPS Database for public reporting of Core Set measures in future reporting years and is reaching out to states with updates and more information about these plans. States and plans that submit their data to the AHRQ CAHPS Database will receive a private customized feedback report comparing their CAHPS survey results to overall results in the Database. For those interested in learning more about how to participate, please visit the AHRQ CAHPS Database, which is shown on this slide. You may also email us for TA at the address shown on the slide.

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[Slide 25] Now I'd like to give an overview of data quality priorities for FFY 2022 Core Set reporting.

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[Slide 26] Here, we show the key data quality considerations: completeness of accuracy of data reported, consistency between measures within and across Core Sets, and documentation of any changes in the data. Additional guidance on data quality can be found in the combined data quality checklist for the

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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, and also, as a final check before submitting data.

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[Slide 27] On the next few slides, we highlight data quality priorities for FFY 2022 reporting. First, states should document which populations and services are excluded from their calculations of each measure. For example, please document exclusions of beneficiaries by program, namely Medicaid and CHIP, by delivery systems such as fee-for-service or managed care, special populations like dually eligible beneficiaries or individuals in foster care, and specific healthcare settings.

Please note that if you are unable to include some measure eligible populations, we ask that you estimate the size of the excluded population and provide additional context on why these populations are missing. Additionally, if there has been a change in the included populations since the previous reporting year, please provide any available context.

Next slide, please.

[Slide 28] Some states calculate state-level rates by combining rates across multiple reporting units, such as managed care plans. We ask that you please document the methods that were used to develop a state-level rate. When reporting units use different methodologies for calculating measures, please indicate the number of reporting units using each methodology in the web-based reporting system. States should also indicate whether the state-level rates are weighted by population size.

Please note that similar guidance applies to the Health Home Core Set for combining rates across multiple providers to create a program-level rate. Additional guidance on calculating state or program-level rates can be found in the technical assistance resource linked on this slide.

Next slide.

[Slide 29] Here, we discuss alignment across measures included in multiple Core Sets. States should ensure that cross-cutting measures are calculated using consistent methodology and are reported for all applicable Core Sets. One example is the follow up after hospitalization for mental illness measure, which is included all three Core Sets.

Finally, we would like to emphasize the importance of data documentation. States should document any deviations from the Core Set specifications, such as differences in age groups, data sources, and methods. Additionally, states should document any changes in the population, denominators, or rates between reporting years. CMCS acknowledges rates may not be comparable over time due to the COVID-19 pandemic.

Now I'll pass it to Renee to discuss some technical assistance resources that are available to help states with the Core Set reporting.

Next slide, please.

Renee Mc Kain:

[Slide 30] Thanks Ilse. Now I'll be discussing some technical assistance resources that are available to help states with their Core Set reporting. Before I begin, I wanted to note that the hyperlinks to each of these resources are available in the slide deck, which will be posted to the Medicaid.gov website in the next couple of weeks. We will also circulate an e-mail from the TA mailbox, with links to the webinar materials when they are posted.

Next slide, please.

[Slide 31] All of the resources highlighted in the next few slides are available for the Child, Adult, and Health Home Core Sets. This slide specifically shows the links to the resources for the Child Core Set,

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and the next two slides show the links for the Adult and Health Home Core Sets respectively. The first link is to the general Medicaid.gov home page where you can find all of these reporting resources.

Next, the 2022 measure list includes the measure names, measure stewards, 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 each measure.

We also 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 measures that we discussed today, as well as some additional changes.

Next, we have a Data Quality Checklist, which I've referred to earlier on in the webinar. 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, and consistency, as well as documentation of data reported. The checklist includes common issues noted in the data reported for FFY 2020 and earlier years. We encourage states to use the checklist to assess their data and identify potential data issues before entering it into the web-based reporting system.

Finally, the Measurement Period Tables include a denominator, numerator, and continuous enrollment measurement periods for each of the measures in the Core Set. When entering the start and end dates for a measure in the reporting system, states should use a denominator measurement period for each measure on this table if they use the Core Set specification.

Please note that the FFY 2021 reporting resources will continue to be available on the Medicaid.gov website via the links at the bottom of each table in the following slides due to delay in 2021 reporting.

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[Slide 32] And here you can see the links to the same resources I described in the previous slide, but specifically for the Adult Core Set.

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[Slide 33] And here, similar to the Child and Adult Core Set, here are the same resources but specifically for the Health Home Core Set. However, in addition to the resources noted for the Child and Adult Core Sets in the previous two slides, there's one resource specific to the Health Home Core Set, which is the Expected Reporting Table. This resource provides guidance on which health home programs are expected to report for each reporting year based on the effective date of the program. Please note that health home programs that were in operation for at least six months of the measurement period are, in fact, expected to report for FFY 2022.

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[Slide 34] Finally, in terms of TA resources, here are some additional technical assistance resources that apply across the Core Sets, which are available at the links shown on this slide, and the following slide as well. The first is a resource on calculating state-level rates using data from multiple reporting units. This resource provides guidance on developing state-level rates when data for the measures are collected separately, such as by programs, by delivery system, or by managed care plan. This resource also applies to the Health Home Core Set for combining rates across multiple health home providers to create a single program-level rate.

Next, we have the updated resource that summarizes the allowance for telehealth for each of the Core Set measures, and I believe this was touched upon earlier on in the webinar. The next resource provides updated guidance for calculating the Admission to an Institution from the Community measure in the Health Home Core Set.

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Then we have a resource that provides updated guidance for calculating the Controlling High Blood Pressure measure for FFY 2022.

We also have an updated resource that provides an overview of substance use disorder measures in the 2022 Child, Adult, and Health Home Core Sets.

Also available is an updated resource on calculating the Plan All-Cause Readmission measure in the 2022 Adult and Health Home Core Sets.

Furthermore, updated programming code is available to calculate the Contraceptive Care - Postpartum Women and Contraceptive Care - All Women measures, which are part of both the Child and Adult Core Sets. The code is available on the HHS website at the link shown on the screen.

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[Slide 35] This slide is a continuation of the table of technical assistance resources from the previous slide.

There are four Prevention Quality Indicator, or PQI, measures included in the Adult Core Set and one PQI measure in the Health Home Core Set. AHRQ makes available free software for calculating these five measures. Please note that the software calculates the measure per 100,000 beneficiaries, while the Core Set measures are reported per 100,000 beneficiary months. States will therefore need to adjust the calculation for Core Set reporting.

Next are two updated resources for the Dental Sealant measure. You can request sample SAS code for this measure by contacting the TA mailbox at the address listed on this slide.

Finally, I described earlier CMCS has developed two new resources. These include a resource that provides guidance for calculating the Colorectal Cancer Screening measure in the 2022 Adult and Health Home Core Sets, and a resource that provides an overview of the dental and oral health services measures in the 2022 Child Core Set. These two new resources are available via the links on this slide.

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[Slide 36] We appreciate your time today and we want to encourage you to contact TA mailbox if you have any further questions about FFY 2022 Core Set reporting.

We also wanted to highlight that technical assistance is available to help states use immunization registry data as a supplemental data source for the Child Immunization Status and Immunization for Adolescents measures. States that use immunization registry data to calculate their Core Set rates have considerably higher rates on these two measures than states that only use claims and encounter data. The rates are on par with those calculated using chart reviews through the hybrid methodology. States can request this TA by contacting the mailbox at the address noted on the slide.

Next slide, please.

[Slide 37] Now we would like to provide an update on the timeline for FFY 2021 and FFY 2022 reporting. As a result of the delayed opening of 2021 reporting, CMCS has decided to open reporting for the Child, Adult, and Health Home Core Sets for 2021 and 2022 for concurrent reporting in fall of 2022. States will therefore create separate reports for FFY 2021 and FFY 2022 Core Sets data. CMCS anticipates the Core Set reporting for both years to close on December 31st, 2022. CMCS will provide more details in the coming weeks and host a training webinar in the fall when the web-based reporting system opens for 2021 and 2022 reporting.

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[Slide 38] Now we want to spend some time answering some of your questions. As Katie mentioned at the beginning of the webinar, you can enter your questions into the Q&A panel by selecting “All Panelists”

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in the dropdown menu and then clicking “Send.” I believe our producer, Derek, has also provided some instructions in the chat box as well, and I'll now pass it onto Alli to facilitate the Q&A section. Thank you for listening.

Alli Steiner:

All right. Thank you so much, Katie, Ilse, and Renee. We're going to now have some time for questions. Please feel free to drop your questions in the Q&A box and send it to all panelists. We did get a couple of questions asking about the slides, and we wanted everyone to know that the slides will be posted within a couple of weeks, along with the recording, on [Medicaid.gov](https://www.Medicaid.gov), and we'll plan to send out an email with the links to that from the Technical Assistance Mailbox.

I also wanted to let you know that Derek dropped the link to the TA email in the chat for everyone to access more easily.

Now I'll open it up for any questions.

While we're waiting for questions to come in, we did want to let people know a little more about the user trainings for the new Quality Measure Reporting System. So, there will be trainings on September 7th, September 13th, and September 15th. The one on the 7th will explain the functionalities of the system, the one on the 13th will be a repeat of that session, and then on the 15th, we'll review the new measures, discuss expectations for reporting, and introduce the new quality assurance process.

We also wanted to let everyone know that there are resources available similar to this webinar that review all of the updates to FFY 2021 Core Sets that are posted on [Medicaid.gov](https://www.Medicaid.gov).

We did also receive a question about whether we should wait for the new system to add people for the new reporting roles. That is a great question. Yes, CMS will send out information about how to request roles for users in the new system in the coming weeks, and we would recommend waiting until then before trying to add anyone.

We received a question about the task force recommendation for the Colorectal Cancer Screening measure, which includes age 45 as the lower limit. The question is whether this will be revised for the Colorectal Cancer Screening Measure. This will be considered by the measure steward for a future update. There's actually a bit of information about that in the new TA resource posted on [Medicaid.gov](https://www.Medicaid.gov). This will not apply for the FFY 2022 Core Sets, but it will be considered by the measure steward for future years of reporting.

Okay, we have a question about how can we get the results of the low-birth weight measure for FFY 2021 and FFY 2022. So, CMS will be reaching out to state reporting contacts in the next couple of months for the FFY 2021 results to share the preview of the data, and then we'll be reaching out the following spring for the FFY 2022 results. The data from previous years for the LBW measures, so FFY 2020, is currently posted on [Medicaid.gov](https://www.Medicaid.gov).

We have a question about when the new portal will be available for submitting data. CMS anticipates opening the new portal in September of 2022 for reporting of FFY 2021 and FFY 2022 data.

Okay, there's a question about whether U.S. territories will be included in the CDC WONDER reporting. The answer is, yes, Puerto Rico will be included in the CDC WONDER reporting.

Thank you for all these great questions. We'll give another minute or two to see if any other questions come in.

We did receive a question about reporting timelines for the future reporting years. I think CMS will update the reporting timeline each year. But for 2021 and 2022, it will be September through December.

We received a question about whether the new system will be set up similar to MACPro, and whether there will be more than one training on the new system. The system will be collecting similar information,

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but we think that it will be an improved user experience, so it should be familiar in terms of the content and the layout, but the experience in general should be improved from the old system.

And then in terms of the training, there will be three trainings in the fall. Two of them will be focused on the functionality of the system, one on the 7th, one on the 13th of September, and then one on September 15th will focus more on the content for the measures.

We did receive a question on when and how the invitations to the September trainings will be sent out. They'll be sent out through various communication methods, including through the TA mailbox, as well as to folks who previously had MACPro roles. If you would like to be added to the MAC Quality TA mailing list, if you're not already part of it, we would recommend sending an email to the address that we shared previously and requesting to be added to the mailing list.

Alright, last call for questions before we conclude the webinar. Are there any other questions that anyone would like to send in the Q&A? We'll give it one more moment.

As a reminder, you can always send any other questions that you have after the webinar to the technical assistance mailbox that Derek dropped into the chat earlier and that is included on the slides that we shared previously.

Why don't we go to the next slide and we can conclude the webinar in a few moments.

[Slide 39] So, thanks everybody for joining our presentation today. This concludes the presentation, and, as always, if you have any questions, please feel free to reach out to the TA mailbox. And finally, please submit any feedback using the survey that will appear in your webinar browser when the event concludes. Thank you so much and have a great rest of the day.