Technical Assistance Webinar to Support State Reporting of the Child, Adult, and Health Home Core Sets: 2026 Updates and Reporting Resources

March 25, 2026

Deepti Agnihotri

[Slide 1] Hello, everyone, and thank you for joining us for this technical assistance webinar. My name is Deepti Agnihotri, and I'm part of the Core Sets Technical Assistance Team. Today, we will review updates to the 2026 Child, Adult, and Health Home Core Sets and highlight resources that are available to states. My colleagues from the TA Team, Daphne Asteriadis, Nidaa Ekram, Katie Booth, and Alli Steiner will also be presenting today. We're joined by other members of the Core Sets TA Team and by colleagues from 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 have entered the meeting muted, and 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 time toward the end of this webinar to respond to your questions, although you can feel free to submit your questions throughout the event using the Slido Q&A function.

Closed captioning is also 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.

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[Slide 3] Next, I will pass it over to Gigi Raney and Sara Rhoades from CMS to give some welcoming remarks. Gigi?

Gigi Raney

[Slide 3] Thank you. Hi, this is Gigi Rainey from the Division of Quality and Health Outcomes at CMS, and we're the home of the Child and Adult Core Sets, and I just wanted to take a moment to welcome everyone to our call today. Today, as Deepti mentioned, we're going to walk through updates to the Child, Adult, and Health Home Core Sets for 2026, but I wanted to take a moment first to remind everyone of the underlying purpose of the Core Sets. Because when we talk about Medicaid and CHIP data and quality measurement, these measures aren't just numbers on a spreadsheet. We're really talking about understanding whether millions of children, adults, and families are getting the health care that they need and deserve.

Remember, every data point represents a person, a family, and a community. These measures provide a standardized way of comparing performance across settings, across states, and over time. They are the foundation for quality improvement, which really means that they are the foundation for improving lives. The people are the purpose. And we couldn't do this without each of you. So thank you for your work, your many questions, and your dedication to Core Set reporting. And now I'll turn it over to Sara Rhoades.

Sara Rhoades

[Slide 3] Hey, everyone. I am the Technical Director for the Health Homes Program with CMCS, and I am just thankful that everyone was able to join us today and reiterate, as Gigi said, that these are the

outcomes that we're really looking at, specifically to the Health Homes Program. It is an optional state benefit. It is at a program level.

And so when we get this kind of data and information, we're able to see if this more intensive care coordination actually does, what we hope it does and allows people to get better access to care and have better outcomes and follow-up for their care. So we really appreciate everyone being on this call and everyone that does submit this data to CMS. And so that we are able to get a better picture of how beneficial or what challenges may be in place that limits access. And so, again, we just appreciate you being on here. And I'm going to turn it back over so we can get started. Thank you.

Deepti Agnihotri

[Slide 3] Thank you, Gigi and Sara.

Next slide, please.

[Slide 4] So I'll begin the presentation today with key updates to the 2026 Child, Adult, and Health Home Core Sets and measure specifications. Next, Daphne will review the expectations for reporting stratified data, the use of alternate data sources, and the use of digital quality measures for 2026 reporting. Then, Nidaa will summarize data quality considerations, share TA resources to help states prepare for 2026 reporting, and preview the timeline for 2026 reporting. And we will conclude with time for Q&A.

Next slide, please.

[Slide 5] Now we will discuss the updates to the Child, Adult, and Health Home Core Sets.

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[Slide 6] All right, so here we provide a high-level overview of the updates to the Child and Adult Core Sets for 2026. Starting with Child, one measure was added to the Child Core Set for mandatory reporting in 2026, and that was Oral Evaluation During Pregnancy for Ages 15 to 20.

This measure was added provisionally to the 2025 Core Set, and now it is part of mandatory reporting for 2026. One provisional measure was added to both the Child and Adult Core Sets, and that's Prenatal Depression Screening and Follow-up, which was provisionally added to the Child Core Set for people under age 21, and to the Adult Core Set for people age 21 and older. Three Child Core Set measures and one Adult Core Set were removed from the Core Sets, and these are Child Immunization Status, Immunization for Adolescents, Prenatal Immunization Status for Under Age 21, and Prenatal Immunization Status for Age 21 and Older. These measures are retained by CMS as utilization measures that are voluntary for states to report.

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[Slide 7] No additional measures were retired from the Child Core Set, and four measures were retired from the Adult Core Set. This includes Antidepressant Medication Management, Long-term Services and Supports Comprehensive Care Plan and Update, National Core Indicator Survey, and Use of Opioids at High Dosage in Persons without Cancer. The CPU and NCIIDD measures will transition from the Adult Core Set to the Home and Community-Based Services Quality Measure set.

Next slide, please.

[Slide 8] No measures were added to or retired from the 1945 or 1945A Health Home Core Sets.

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[Slide 9] Next, I will summarize key updates to the 2026 Core Set measure specifications, including data collection and reporting updates and measure-specific updates.

Next slide, please.

[Slide 10] This slide highlights a few updates relating to data collection and reporting. Mainly, the administrative and hybrid specifications were retired for three measures specified for electronic clinical data systems, or ECDS reporting.

Next slide, please.

[Slide 11] Now, we will discuss key changes to the 2026 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. We will review the measure specification updates for a few measures in greater detail on the next few slides. The measures are presented in alphabetical order by measure abbreviation.

Next slide, please.

[Slide 12] This slide shows the updates for the Adult Immunization Status measure in the Adult Core Set. The measure steward added an immunization indicator for hepatitis B, updated the age ranges for influenza, TD/TDaP, zoster, and pneumococcal immunization indicators, and removed the herpes zoster live vaccine from the herpes zoster immunization indicator.

Next slide, please.

[Slide 13] This slide shows the updates for the Breast Cancer Screening measure in the Adult Core Set. The measure steward revised the age range for the measure, which now includes breast cancer screenings for beneficiaries ages 40 to 74.

For the purposes of 2026 Adult Core Set reporting, states should calculate and report the measure for beneficiaries in the three age groups on the slide as of December 31st of the measurement year. And this is to account for the two-year, three-month lookback period.

Next slide, please.

[Slide 14] This slide shows the updates for the Follow-Up after Hospitalization for Mental Illness measure in the Child, Adult, and 1945 Health Home Core Sets.

The measure steward modified the denominator criteria to allow intentional self-harm diagnoses to take any position on the acute inpatient discharge claim. Previously, this diagnosis had to be the principal diagnosis on the claim. Phobia, anxiety, and additional intentional self-harm diagnoses were also added to the denominator in the event/diagnosis criteria. Finally, the measure steward added visits with any diagnosis of a mental health disorder. Peer support services and residential treatment services are now also included in the numerator.

Next slide, please.

[Slide 15] This slide shows the updates for a Follow-Up after Emergency Department Visit for Mental Illness measure in the Child, Adult, and 1945 Health Home Core Sets. Similar to the Follow-Up after Hospitalization measure, the denominator criteria were modified to allow intentional self-harm diagnoses to take any position on the acute inpatient discharge claim. And phobia, anxiety, and additional intentional self-harm diagnoses were added to the denominator criteria.

The measure steward also modified the numerator criteria to allow a mental health diagnosis to take any position on the claim and remove criteria that required both a mental health diagnosis and a self-harm diagnosis. Peer support services, residential treatment, and visits in a behavioral health care setting and psychiatric collaborative care management services were added to the numerator criteria. Finally, the measure steward removed the mental health diagnosis requirement for partial hospitalization and intensive outpatient visits, community mental health center visits, and electroconvulsive therapy.

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[Slide 16] Now I will pass it on to Daphne, who will present on reporting stratified data for the 2026 Core Sets.

Daphne Asteriadis

[Slide 16] Thank you, Deepti.

Next slide, please.

[Slide 17] As a reminder, for the 2026 Core Sets, states must report stratified data for a designated subset of measures. For these measures, states must report stratified results by race and ethnicity, sex, and geography. The Child and Adult Core Set measures subject to mandatory stratification for 2026 were announced in a December 2024 state health official letter, or SHO, and updated in a December 2025 SHO letter. The 2026 Health Home measures subject to mandatory stratification were announced in a July 2025 state Medicaid director letter. The 2026 technical specifications include guidance on which measures are subject to mandatory reporting for 2026. This slide lists the Child Core Set measures that are subject to mandatory stratification requirements for 2026.

Next slide.

[Slide 18] The Adult Core Set and 1945 and 1945 Health Home Core Set measures subject to mandatory stratified reporting for 2026 are listed on this slide. This slide also includes links to the SHO letters and health home state Medicaid director letter that describe 2026 Core Set stratification requirements.

Next slide, please.

[Slide 19] The next slides provide more information about the stratification standards for 2026 Core Sets reporting. For 2026, 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. Alternatively, states can use the 2024 OMB Statistical Policy Directive Number 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 2026 Core Sets. The link to this resource is shared on this slide.

Next slide, please.

[Slide 20] This slide shows the QMR stratification categories for reporting race in alignment with the 1997 OMB categories, as specified in the 2011 HHS standards. These categories have separate reporting for race and ethnicity. In the 2011 HHS standards, each beneficiary is assigned to a single race category and a single ethnicity category. For the two or more races category, states should collect race 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.

States that use the 2011 HHS standards can add categories that align with their data 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 detailed categories.

Next slide.

[Slide 21] This slide shows the QMR stratification categories for ethnicity in alignment with the 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 can add categories by selecting add another ethnicity.

Next slide.

[Slide 22] Alternatively, states can report race and ethnicity data for the 2026 Core Sets in alignment with the 2024 OMB Statistical Policy Directive Number 15. The categories included in the 2024 standards are listed on this slide. 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 race or ethnicity categories. These

standards also include additional categories, notably a new category for Middle Eastern or North African. For the race and ethnicity categories marked with an asterisk, states can choose to report aggregate data for the category or further stratify by detailed category.

Next slide.

[Slide 23] This slide outlines the key differences in how race and ethnicity data are reported, comparing the 1997 OMB categories, as specified in the 2011 HHS standards, to the 2024 OMB Statistical Policy Directive number 15. As previously mentioned, under the 1997 standards, race and ethnicity are reported as separate variables. States using this option can also add additional race and ethnicity categories or select two or more races or some other race. In this reporting option, each beneficiary will be assigned to one race category and one ethnicity category. The 2024 OMB standards introduce a combined race and ethnicity variable and adopt an alone or in combination approach.

This means a person identifying with more than one group would be included in each applicable category, ensuring comprehensive data capture. For example, a person that identifies as Black and Hispanic should be counted in both categories. Because of this, the sum of the stratified denominators could be larger than the state-level denominator. Another key difference is that while there is no option to add another race and ethnicity category in the 2024 OMB standards, users can add another group within a specified race and ethnicity category.

Next slide.

[Slide 24] This slide shows the QMR stratification categories for sex for 2026 reporting. Note, if a measure is only specified for female beneficiaries, QMR will not include a reporting option for sex stratification.

Next slide.

[Slide 25] This slide shows the geography categories in the QMR system for 2026 reporting. Note that stratification TA resource listed at the beginning of this section provides guidance on how to define rural and urban for Core Sets reporting.

Next slide.

[Slide 26] Finally, this slide shows two stratification option categories that will be available in the QMR system for voluntary reporting in 2026. The first new category, stratification by foster care status, will be available for the Child Core Set and 1945 and 1945A Health Home Core Sets. For the Child Core Set, this stratification option will only be included in the Medicaid report and not the separate CHIP report. Second, stratification by Medicaid adult expansion enrollment will be added to the adult, Medicaid, and 1945 Health Home Core Sets.

For the Adult Core Set, this will not be included in the separate CHIP report. CMS has a strong interest in understanding quality of care for children in foster care and adults covered under Medicaid expansion programs and encourages states to collect and report data on these populations for 2026. CMS plans to release additional TA resources to support states with reporting these new stratification categories. In the meantime, states can email the TA mailbox with any questions.

Next slide.

[Slide 27] Now, I will present the alternate data sources that will be used for 2026 Core Sets reporting.

Next slide.

[Slide 28] 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 2026 CMS will continue to use data from AHRQ CAHPS database for public reporting of Core Set measures. For 2026 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 2026 AHRQ CAHPS database during the submission window in June 2026. This includes surveys administered between June 28, 2025 and June 26, 2026. These data correspond to the 2026 Core Set reporting cycle. Entities that submit data in the AHRQ CAHPS database will be asked to approve the sharing of CAHPS data with CMS for the purpose of 2026 Core Set reporting.

States that cannot meet the AHRQ CAHPS database submission deadline can indicate that they conducted a CAHPS survey for the child and or adult Medicaid population for 2026 in the QMR system. Prior to 2026 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, the 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 29] CMS will continue to calculate the Live Births Weighing Less Than 2500 grams and Low-Risk Cesarean Delivery measures for all states. CMS will use natality data submitted by 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 spring 2027, CMS will send states a preview of the 2026 LBW Child and LRCD Child and Adult measures prior to 2026 Core Set public reporting. The measures will be calculated using calendar year 2025 natality data.

Next slide, please.

[Slide 30] Now, I will present on the transition toward using digital quality measures or dQMs in Core Set reporting.

Next slide, please.

[Slide 31] On this slide, we have included CMS's definition of dQMs. The 2026 Child, Adult and 1945 Health Home Core Sets include several measures that have digital specifications. CMS recognizes that states are in different stages in their transition to using digital data sources and reporting measures digitally. I will highlight some of the resources CMS has developed to support states in this transition. The first resource is a technical assistance resource with more information about using digital specifications for calculating and reporting measures in the 2026 Child, Adult and 1945 Health Home Core Sets, including a step-by-step guide to calculating a Core Set measure using ECDS reporting specifications.

Next is a resource that states can use to assess their progress on the transition to digital quality measurement. A resource was emailed to states earlier this month and is also available upon request by emailing MACQualityTA@cms.hhs.gov. CMS will host a webinar on April 30th on the foundations of digital quality measurement, including two states sharing their experiences transitioning to digital quality measurement. Stay tuned for registration information coming from the MAC Quality TA mailbox in early April. Finally, CMS is also developing a fact sheet to address common questions about digital reporting.

Next slide.

[Slide 32] dQMs include measures with Electronic Clinical Quality Measure, or eCQM, specifications. When eCQM specifications are available for measure, the resource manuals include a link in the Guidance for Reporting section of the measure specification. DQMs also can include ECDS measures. The ECDS data collection method uses multiple data sources. For example, ECDS data sources may include one or more of the following: Eligibility files, electronic health records, personal health records, clinical registries, health information exchanges, or administrative claims systems. While ECDS measures can be calculated digitally, the Core Set resource manuals also include human-readable specifications that can be included to calculate the measures.

Next slide.

[Slide 33] This slide describes 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 asked to select from a list of the specific data sources that they use to calculate the measure.

States can select all that apply from the options shown here. Note, an optional free text field will appear where the states can provide any additional information about their data sources.

Next slide, please.

[Slide 34] This slide shows the measures in the Child, Adult, and Health Home Core Sets with ECDS specifications for 2026 Core Sets reporting. The measures are categorized by those with only ECDS specifications at the top of the table, followed by measures that have EHR reporting specifications in addition to ECDS.

Next slide.

[Slide 35] Now, I will pass it to Nidaa, who will give an overview of the data quality considerations for 2026 Core Sets reporting.

Nidaa Ekram

[Slide 35] Thank you, Daphne.

Next slide, please.

[Slide 36] 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 of questions and the state level qualifier questions. Data should be accurate. Double-check the information 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 adhere to Core Set technical specifications and provide necessary context for the 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 Adult, Child, 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 as a final check before you submit the report.

Next slide, please.

[Slide 37] On the next few slides, we provide more detail on data quality considerations for 2026 reporting.

We would also like to emphasize the importance of adhering to the Core Set specifications. 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.

States should also ensure measure calculations correctly group Medicaid and CHIP populations. For Child Core Set reporting with separate CHIP are required to report performance data separately for two groups. The first group is Medicaid, inclusive of Title XIX-funded Medicaid and Title XXI-funded Medicaid expansion CHIP, and the second group is Separate CHIP, Title XXI.

Next slide, please.

[Slide 38] States should include all measure eligible populations and services in the measure. This includes making sure that the measure includes individuals in all programs and delivery systems, including any special populations, as well as services that are provided in all eligible settings. Note the populations that CMS is exempted from 2026 Core Set reporting requirements in the footnote at the bottom of the slide.

If you are 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 39] States should ensure that stratified reporting is accurate and complete. We would like to emphasize some points related to stratified reporting. While reporting race and ethnicity data, states should confirm which race and ethnicity standards the state is using before beginning data entry. If your state does not collect data for a specific category, for example, Asian, do not select that category in the reporting system. If your state has data for a selected category or detailed category, but there are zero measure eligible beneficiaries in that category or detailed category, enter zero in the numerator and denominator fields. All measure eligible beneficiaries should be included in stratified reporting. States should ensure the missing or not reported category as needed to ensure each measure eligible beneficiary is included in each standard. For example, race and ethnicity, sex and geography. State should ensure the open text field to summarize any contextual information that could help CMS interpret the reported data, such as used administrative data for stratified rates.

Next slide, please.

[Slide 40] 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 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, and comments on measures and other delivery systems. They are indicated in QMR systems 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, such as bullets or 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 41] Now I will discuss technical assistance resources and reporting reminders.

Next slide, please.

[Slide 42] Later this spring, CMS will send a letter to each state to identify any gaps in 2025 reporting and to offer support in meeting 2026 mandatory reporting requirements.

The letter will indicate whether the state's reporting for 2025 met key mandatory reporting requirements, including whether the state reported all populations for mandatory measures, along with reminders and guidance about requirements for 2026 mandatory reporting.

Next slide, please.

[Slide 43] 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 CMS 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 2026 due to state's systematic challenges with data access. Beneficiaries who have other insurance coverage as a primary payer before Medicaid or CHIP, including individuals duly eligible for Medicare and Medicaid, and individuals whose Medicaid or CHIP coverage is limited to payment of viable third-party coverage premiums and/or cost sharing.

States do not need to submit exemption requests if they are unable to include these populations. A population exemption request is also required if a population is not eligible to receive services assessed in a measure.

For any other population that a state cannot include in Child and Adult Core Sets reporting, states can request a one-year exemption from reporting the specific population 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 so that the population can be included in state reporting in future years.

2026 Core Set population exemption requests are for one year and must be submitted to CMS no later than September 1, 2026.

Next slide, please.

[Slide 44] The following slides list 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 Child, Adult, and 1945 Health Home Core Sets. The resources for the 1945A Health Home Core Set are coming soon. This slide shows links to resources for the Child Core Set. And the next two slides show links for the Adult and 1945 Health Home Core Sets.

The first link is to the general Medicaid.gov Core Set homepage where you find all these reporting resources.

Next, the 2026 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 list 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 changes to the measure 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 their data.

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

Next slide, please.

[Slide 45] And here you have links to the same resources for the Adult Core Set.

Next slide, please.

[Slide 46] 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 HJome Programs are expected to report 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 2026.

Next slide, please.

[Slide 47] And here you have the resources that we are developing for the 1945A Health Home Core Set. These resources will be available on Medicaid.gov soon.

Next slide, please.

[Slide 48] Finally, here are some additional resources that have been updated for 2026 reporting and that apply across the Core Sets or that focus on specific measures.

Next slide, please.

[Slide 49] This slide also lists additional resources that have been updated for 2026 reporting.

We wanted 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 calculations for Core Sets reporting.

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

Next slide, please.

[Slide 50] We wanted to remind you that one-on-one virtual TA on mandatory Core Set reporting is available upon request from the TA mailbox.

This spring, CMS will host a webinar on calculating digital quality measures. And this fall, CMS will host a webinar on reporting the 2026 Core Set measures in QMR.

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

Next slide, please.

[Slide 51] Now, we'd like to provide an update on the timeline for 2026 reporting.

CMS plans to open QMR for reporting the Child, Adult, and Health Home Core Sets for 2026 reporting in September 2026. Reporting for 2026 will close on December 31, 2026.

Next, we have some time for Q&A, so I will pass to Alli to facilitate the Q&A.

Alli Steiner

[Slide 52] Thank you, Nidaa. So as a reminder, you can submit questions using the Slido Q&A feature on the bottom right side of the platform. I'll start by reviewing a couple of the questions that we received in advance of the webinar and then move on to some questions we received during the webinar. And the first question I'm going to pass to Katie.

So, the question asks, *is there a timeframe for voluntary and provisional measures to become mandatory?*

Katie Booth

Thanks, Alli. The provisional measures are assessed for data quality and feasibility when CMS is determining whether to make them mandatory. So there's no set timeframe for any measure to transition from provisional to mandatory. For the Adult Core Set measures in the voluntary category, which are separate from the provisional measures, there are no current plans to make them mandatory. But be on the lookout for guidance each year.

Alli Steiner

Thanks, Katie. I'll take the next question. It's about entering Core Set data.

The question asks, *how CMS will make the submission less time consuming and whether there's an option for an upload rather than manual entry?*

Thank you for that question. CMS recognizes that data entry is time consuming and really appreciates all the time that states put into this. CMS has received the suggestion from a couple of states about having an upload option, and CMS is definitely considering this feedback.

However, there are no immediate plans to switch to a data upload approach. We do encourage if states have feedback on the system, you can always reach out to the quality TA mailbox with your ideas.

All right. The next question I'll pass over to Katie. So I think it's more of a comment, but they suggested that they're interested in measuring care for children with special needs and overall CHIP eligibility. I'll pass that to you, Katie.

Katie Booth

Thank you. The 1945A Health Home Core Set is specifically for children with special needs, and all the Core Sets have an open call for measures process where suggestions for new measures can be submitted. So specifically for the Health Home Core Sets, the annual review work group begins in April, and then the child and adult will begin their next review cycle in August. Feel free to reach out to the TA mailbox if you have any further questions about the work groups or suggesting new measures.

Alli Steiner

Thanks, Katie. We received a question about the measures subject to mandatory stratification for health home.

The person asked, *is there a reason that the follow-up after emergency department visit for mental illness measure, or FUM, was not included on the slide for 2026 stratification?*

Thank you so much for flagging this. You are correct that the FUM measure should be included in mandatory stratification for the 1945 Health Home Core Set.

The six measures that are included for mandatory stratification for 2026 have not changed, and we will make sure that that is corrected when these slides are posted.

We received an additional question about the expectations for the 1997 versus the new 2024 stratification category, so I'm going to pass this one to Katie. The question asks, *is it expected that within the next couple of years that the combined race and ethnicity standard will become mandatory, meaning that the older standard will no longer be acceptable?*

Katie Booth

Thanks, Alli. So for 2026 and 2027 reporting, states will continue to have the two reporting options, so both the 1997 old standards and the new 2024 standards. Per state policy directive, or SPD 15, states are required to implement the changes to the 2024 standards no later than March 28th, 2029. CMS will

release more information about the future years of Core Sets reporting and future state health official letters, so be on the lookout for those when they come out.

Alli Steiner

Thanks, Katie. And we received a question about the EHR data.

Could we please go back to slide 35, and I can take this one? Maybe it was a different slide then. There was a question about use of EHR. If you wouldn't mind maybe putting a little bit more context in the chat about what the question is. All right. Why don't we go back to the Q&A section for now, and we can go back to the EHR question.

All right. We have a suggestion saying, *could the sections of QMR be numbered, and that would help with finding a section, directing a colleague to a section. Currently, it is all narrative, which takes time.*

Thank you for that suggestion. We can definitely take this feedback to CMS and to the developer to see what the options may be here. Thanks for that suggestion.

We have another question about stratification. I'm going to pass this one to Katie. The question asks*, if a state does not collect two or more races, should that be left blank for a specific race? If this was not collected, will the state still be compliant with mandatory reporting?*

Katie Booth

Thanks for this question. If your state is using the old 1997 standards and does not collect two or more races out of category, then yes, you can leave this field blank and you would still be considered compliant for the stratification requirements. If there are further questions about reporting stratification, we're happy to continue to clarify.

Alli Steiner

We received a question on *whether the slides will be available*.

Yes, we will make sure the slides are available. They will be posted on Medicaid.gov within the next couple of weeks. And we will send out an email to everyone that registered as well as everyone who's on the TA mailbox listserv, and they will get a notification letting you know that the slides have been posted.

I'm going to go back to the EHR question. If we could go actually to slide 34. So there was a question *regarding whether EHR data are required for reporting these measures*.

All of these measures are specified for ECDS reporting, and the ECDS reporting methodology allows for a number of different data sources. And so some of these measures have been previously specified for administrative data only.

And so the big picture is that administrative data is one of the allowable data sources for ECDS reporting. If you are calculating these measures, you can calculate them using administrative data only. You don't have to use the additional data sources. However, you may find that for some measures, administrative data don't have as much information and that it may be more beneficial to add these additional data sources, such as data from an EHR or health information exchange. However, there is no requirement that all these data sources must be used. And we do ask that when you report these measures into the QMR system, you select which data sources were used because that's helpful information for CMS.

We're just checking to see if any additional questions come in. Just one moment. Thanks, everyone. All right.

We received a suggestion for reorganizing measures and rates in the QMR system. I'm going to pass this one to Katie. The question asks, *could CMS consider reorganizing sub-measures for the follow-up measures? So the FUH, FUA and FUM so that the seven-day rate appears before the 30-day rate?* Katie?

Katie Booth

Thanks, Alli. Thanks for flagging that this might cause some data entry issues. We will note this feedback for CMS and the developer and see if it can be incorporated in the future.

Alli Steiner

All right. And then there's a question about discussion about the use of T-MSIS data for any measures. CMS is continuing to explore the possibility of using T-MSIS or other alternate data source measures. So there is definitely more to come there, but there are no immediate plans. But definitely stay tuned because that is something CMS is very interested in and definitely on the radar.

It seems like the questions have slowed down. We'll just give it one more minute. And of course, you can always submit your questions after the fact to the MAC Quality TA mailbox if you have a different question.

Not seeing any new questions coming in. Why don't we go ahead and move to the next slide?

[Slide 53] Thanks everyone, for joining today's webinar. CMS greatly appreciates all the work that states are doing to prepare for 2026 reporting. There will be a brief evaluation available after the webinar if you have additional feedback or questions you'd like to send. And we look forward to continuing to work closely with you. Thanks so much.