

## **CMS-CMCS**

**August 29, 2023**

**2:00 pm CT**

**Coordinator:** Welcome, and thank you for standing by. At this time, all participants are in listen-only mode. During the Q&A session, if you'd like to ask a question, you may press Star 1 on your phone. Today's call is being recorded. If you have any objections, please disconnect at this time. I will now turn the call over to Perrie Briskin. Thank you. You may begin.

**Perrie Briskin:** Hi, everyone. My name is Perrie, and welcome to today's all-State call, where we will be discussing the Medicaid and CHIP Core Set Reporting Final Rule. I will now turn it over to Anne Marie Costello, Deputy Director of the Center for Medicaid and CHIP Services. Anne Marie?

**Anne Marie Costello:** Thanks, Perrie, and hi, everyone, and welcome to today's all-State call. As Perrie mentioned, on today's call, we'll provide an overview of the mandatory Medicaid and CHIP Core Set Reporting Final Rule that was released yesterday. Annual reporting of the Child Core Set, the behavioral health measures on the Adult Core Set, and the Health Home Core Set, will become mandatory in 2024.

As I noted yesterday, Monday, August 28th, the final rule outlining requirements for States to comply with mandatory reporting requirements was published in the Federal Register. Additional guidance will follow in a State health official letter expected in the fall of this year.

Before we get started, I wanted to remind folks that we are using a webinar platform to share slides today. If you're not already logged in, I suggest you do so now so that you can see the slides for today's presentation. You can also submit any questions you have into the chat at any time during the presentation.

With that, I'm pleased to turn things over to Gigi, or Virginia Raney, from our Division of Quality and Health Outcomes in the Children and Adult Health Programs Group, and to Jessica Lee, our Acting Chief Medical Officer, to provide an update on the mandatory Core Set Final Rule. Gigi and Jessica, turning it over to you.

Gigi Raney: Thank you, Anne Marie. Good afternoon. I'm Gigi Raney, and I'm the Technical Director for the Health Outcomes Measurement and Evaluation Team in CMCS. And today, Jessica Lee and I are going to tell you about the final rule that CMS just released on mandatory quality reporting for Medicaid and CHIP, and how this will impact your State and your Health Home programs. Next slide, please.

For over a decade, CMS has been working with our State partners on voluntary reporting of the Core Sets of quality data to CMS every year. Next year, at the direction of Congress, Medicaid and CHIP are transitioning from voluntary State reporting to mandatory reporting.

So, starting in 2024, as Anne Marie mentioned, reporting of the Child Core Set and the behavioral health measures on the Adult Core Set, will become mandatory for the 50 States, the District of Columbia, Puerto Rico, Guam, and the U.S. Virgin Islands.

Reporting of the Section 1945 and Section 1945A Health Home Core Sets, will also be mandatory for States with approved Health Home programs. But what we want you to know most importantly is that CMS is here to help our State partners with this change.

The purpose of the Core Sets is to measure the overall national quality of care for beneficiaries, monitor performance at the State and Health Home level, and improve the quality of healthcare. And this transition to mandatory reporting will allow us to understand the quality of care provided to our beneficiaries, both within individual States and nationally.

We know that this is a big shift, and we will be available to provide technical assistance and support to States as we make this transition. You can reach us at our email box at [MACqualityTA@cms.hhs.gov](mailto:MACqualityTA@cms.hhs.gov) to request assistance, and more details, and technical assistance materials are available on [Medicaid.gov](https://www.Medicaid.gov).  
Next slide, please.

Jessica and I will be taking the next 25 minutes to provide more details on the background of the Core Sets, the transition to mandatory reporting, the annual update process, mandatory reporting requirements, and State compliance. If you have any questions, please enter them into the chat, and we will answer them at the end. Next slide, please. Next slide.

We've already touched on the purpose of the Child, Adult, and Health Home

Core Set, which is to measure the overall national quality of care for beneficiaries, monitor the performance at the State or Health Home program level, and to improve the quality of healthcare. Next slide.

So, what are the Cores? For those not familiar with the Child and Adult Core Sets, they were established by Congress over a decade ago. We have sorted the measures into several domains, and historically, these measure sets have been voluntarily reported by States. The 2024 Child Core Set has 27 measures, while the Adult Core Set has 33 measures. Eleven of these measures are in the behavioral health domain and will become mandatory for States to report. Next slide.

The Section 1945 and 1945A Health Home Programs are optional for States and implemented through a State plan amendment. If a State chooses to implement a Health Home program, then reporting on the Health Home Core Sets associated with the type of program implemented, either 1945 or 1945A, is mandatory.

In 2024, there are 13 measures on the 1945 Health Home Core Set, and there are seven proposed measures on the 1945A Health Home Core Set. Next slide. You're getting a little bit of a sneak peek today as you're seeing some data that we'll be releasing next month. Voluntary State reporting on the Child and Adult Core Sets has grown significantly, and we are grateful to States for their commitment and hard work.

In fact, during the last year of reporting, 40 States reported more measures on both the Child and Adult Core Sets. So, thank you very much. This fall, we will be publicly reporting data on 24 of the 25 Child Core Set measures, and 29 of the 33 Adult Core Set measures, which is the most numbers that - the most measures that we've ever been able to publicly report.

CMS publicly reports a measure when 25 or more States have reported it, and the data submitted meets data quality standards. And we have links on this page to all the information that you would be - about the Core Set reporting. Next slide. Similarly, CMS has seen tremendous progress in State reporting of the Health Home Core Set, and this fall, we'll be publicly reporting data on 12 of the 13 Section 1945 Health Home Core Set measures.

This year, also, 34 of the 38 approved Health Home programs that were expected to report did report on at least one measure. Next slide. The following slides contain information on what CMS has included in the final rule. Next slide. Oops, we're already there.

Okay. Starting in 2024, at the direction of Congress, the reporting of the Child Core Set and the behavioral health measures on the Adult Core Set, will become mandatory for the 50 States, D.C., Puerto Rico, Guam, and the U.S. Virgin Islands. Next slide.

The Core Set rule also outlines mandatory reporting requirements for the Health Home programs. Reporting is mandatory for any State or United States territory with an approved Medicaid Health Home State plan amendment under section 1945 or 1945A. Next slide.

We published the proposed rule last August and public comments were received from individuals and organizations, including but not limited to, State government agencies, nonprofit healthcare organizations, advocacy groups, associations, law firms, managed care organizations, academic groups, tribal organizations, and private citizens, our favorite being an AP history class that was required to submit comments on any public rule.

We particularly appreciated comments received from States regarding their experience with reporting, and CMS recognizes that States have different resources and infrastructure in quality measurement reporting and/or State systems, and we are here to help our State partners with this change.

While we generally finalize the final rule as proposed, we will be identifying where we have made updates from the regulation policies included in the proposed rule throughout this presentation. Next slide. The timeline and systems used to report the Core Sets will not change with the transition from voluntary to mandatory reporting.

Reporting will still be due by December 31st of each year, and States will continue using the Quality Measure Reporting System to submit their data to CMS. Next slide. So, how do we update the Core Sets? Next slide. CMS released the 2023 and 2024 Child and Adult Core Sets last November in an effort to give States more time to prepare for mandatory reporting.

Just a reminder, the entire Child Core Set is subject to mandatory reporting. Next slide, please. Only 11 of the behavioral health measures on the 2024 Adult Core Set are mandatory for States to report next year, though, of course, we would like to encourage States to continue to report on all of the other valuable quality measures on the Adult Core Set as well. Next slide, please.

Last year, we also released the 2023 and 2024 Health Home Core Sets, and if your State has an approved program and meets the timeline that that program is required to have been implemented before reporting, then reporting on the associated Section 1945 or 1945A Health Home Core Set is mandatory. Next slide.

The Child and Adult Core Set Annual Review Workgroup and the Health Home Annual Review Workgroup, or Workgroups, are convened annually to develop recommendations on how to revise, strengthen, and improve the applicable Core Sets. All meetings are open to the public and request public comment.

The measures that are considered and recommended by the workgroup members must meet key criteria as outlined on this slide in order to be considered by the workgroup. Some of these criteria include minimum technical feasibility requirements, such as the availability of detailed technical specifications that enable the production of measures at a State or Health Home program level, evidence of field testing or use in State Medicaid or CHIP programs, and availability of the data source, actionability and strategic priority requirements, does the measure contribute to estimating the overall national quality of healthcare in Medicaid and CHIP, and other considerations, such as significant prevalence of the condition or outcome being measured to produce meaningful and reliable results across States, alignment with measures and use across other CMS programs, and the ability to include all Medicaid and CHIP populations.

CMS uses the final workgroup report to inform annual decision-making for updates to the Core Set. We expect the final workgroup report for the 2025 annual workgroup to be published by September 1st, for those who are interested. With the next slide, I will be turning it over to Jessica to talk more about mandatory reporting requirements. Jessica?

Jessica Lee: Thank you so much, Gigi. So, I'm going to walk through the key elements of mandatory reporting requirements with the specific regulatory reference also provided. Next slide, please. So, first, populations and mandatory reporting.

The final rule establishes that States are required to report on all populations that are enrolled in Medicaid and CHIP and that meet the enrollment requirements outlined by the measure stewards for each measure, and the annual guidance will identify any exceptions to reporting on these populations, meaning that that annual guidance will identify populations that are voluntary for States to report.

For Health Homes Core Sets specifically, States and Health Home providers are required to report on all populations served by the Health Home program, again, except those identified through annual guidance. This is a change from the proposed rule, but the final rule provisions are consistent with the proposed rule's preamble discussion of the proposed policy.

And we made this change in conjunction with the exemption process that I'll discuss in just a moment to move towards the policy goal of reporting on the full Medicaid and CHIP population, while leaving flexibility that acknowledges challenges States face in accessing the data necessary to report on all populations.

The exemption process for the child and Adult Core Sets, which is a change from the proposed rule, is a process by which States may request a one-year exemption from reporting for a specific population for one or more child and/or Adult Core Set measures. The exemption requests, which are outlined further in the regulatory text and, again, in the preamble of the final rule, must be submitted by September 1st. Next slide, please. Thank you.

The funding will also establish requirements for data stratification, specifically for stratification of Core Set measures by factors such as race, ethnicity, sex, age, rural-urban status, disability, or language, or other factors

that may be specified in the future. Measuring and reporting health disparities is a cornerstone of CMS's approach to advancing health equity.

CMS proposed to gradually phase in the requirement to stratify mandatory measures over a five-year period, and we have made that proposal final in this rule. As you can see, the phase-in of measures requiring stratification will occur through the five years, with a certain percentage of measures required for each year.

So, year one, which is 2024, will be optional for stratification. Year two, or 2025, will require that 25% of measures will be stratified. In years three and four, 50% of measures stratified, and in year five, 100% of measures stratified. The annual reporting guidance will identify which measures are required to be stratified for each Core Set, in addition to factors by which the measures should be stratified. Next slide, please.

An additional provision in the final rule is reporting for the Children's Health Insurance Program, or CHIP. So, the final rule establishes that States with a separate CHIP must report on Child Core Set measures in two categories, in a separate CHIP category and the Medicaid inclusive of CHIP-funded Medicaid expansion category.

This ensures that all children are included in quality of reporting. This is a change from the proposed rule in that the proposed rule had specified reporting in three categories, but in order to reduce State burden, CMS determined that we can utilize our reporting system to calculate the third category in their proposal, which is the sum of the separate CHIP and Medicaid, inclusive of CHIP-funded Medicaid expansion on the State's behalf. So, while this is a change, it was a change made in order to reduce State burden. Next slide, please.

I referred a few times to annual reporting guidance, and the final rule does outline specific elements that will be included in that guidance. So, it establishes that CMS will provide annual reporting guidance to States that identifies measure-specific information, such as measures subject to mandatory reporting, measures that CMS will report on for States, measures that CMS may elect to have States report for them, and measures that are subject to stratification requirements.

The annual guidance will also identify populations that States have the option to report on, with all other populations being mandatory. The reporting guidance will also include what factors for stratification are required. So, for example, race, ethnicity, sex, age, and urban-rural status. The guidance will include information on how to collect and calculate data on the Core Sets and how to report data.

And finally, on how a State may request a one-year exemption for reporting one or more Child or Adult Core Set measures for a specific population if the State is unable to obtain access to necessary data despite making reasonable efforts. Those are the key elements of mandatory reporting in the final rule. Next slide, please.

And now, we'll outline elements in the final rule related to State compliance for mandatory reporting. Next slide, please. So, the final rule establishes compliance requirements for mandatory reporting of the Core Sets. Specifically, the final rule requires States to adhere to CMS-issued reporting guidance, requires States to utilize a standardized format for reporting Core Set data to CMS, and establishes attribution rules for determining how States must report on measures for beneficiaries who are in multiple programs and/or delivery systems during a measurement year.

So, for example, in terms of those attribution rules, we may provide guidance on where to include beneficiaries who move between CHIP and Medicaid programs within a single reporting year. These requirements are intended to establish consistent standards for all States to provide quality data that can be used for advancing quality improvement. Next slide, please.

The final rule also details State plan requirements. So, it establishes that States must submit an updated State plan by December 31st of 2024. That State plan must specify that the agency will report on the Child and Adult Core Sets adhering to CMS-issued reporting guidance, and that the agency will report on applicable Health Home Core Set measures if Health Home services are covered.

These requirements help ensure that there are consistent standards for all the States in addition to very clear requirements. Next slide, please. So, we've outlined the requirements and key elements of the final rule and want to turn now to technical assistance. CMS is committed to working with States to meet these mandatory requirements, including providing technical assistance where it's needed.

CMS will provide technical assistance during the transition to mandatory reporting and for future annual reporting. We provide ongoing TA to States to improve measure reporting, measure performance, the quality of care delivered to beneficiaries, and the use of measures to gauge the effectiveness of quality improvement efforts.

One-on-one technical assistance is also available, and we also have technical assistance available to support and encourage other uses of measures in quality improvement, again, including monthly technical assistance available

on quality improvement. CMS also regularly hosts webinars and learning collaboratives in specific areas of quality improvement.

We have a mailbox to request technical assistance. That mailbox is [MACqualityTA@cms.hhs.gov](mailto:MACqualityTA@cms.hhs.gov), and we welcome inquiries and opportunities to help. Next slide, please. And with that, I will turn it back over to ...

Perrie Briskin: Thank you, Jessica. Thank you, Gigi. We will now open it up for questions. Please use the chat function for any questions that come in, and then we will read them out loud to our experts. I am not current - oh, we have a question. When will reporting guidance related to stratification be released?

Gigi Raney: CMS plans to release, as Anne Marie noted in the beginning, additional reporting guidance this fall through a State health official letter, and then we'll be providing additional reporting guidance similar to our resource manuals later on, most likely in early 2024.

Perrie Briskin: And operator, can you please tell everyone how to open the phone lines?

Coordinator: Yes, the phone lines are now open for questions. If you'd like to ask a question over the phone, please press Star 1 and record your name. If you'd like to withdraw your question, press Star 2. Thank you.

Perrie Briskin: And another question in the chat, will this slide deck be made available offline? I can answer that. Yes, it will be. It will be available on [Medicaid.gov](https://www.Medicaid.gov) on our all-State calls page where all All-State calls slide decks are posted. And I can put that link in the chat.

Coordinator: And as a reminder, if you would like to ask a question over the phone, please press Star 1 and record your name. I'm currently showing no phone questions at this time.

Perrine Briskin: Okay. Well, if there are no more questions, we will conclude this all-State call. Thank you, everyone, for joining. Thank you to our presenters, and we look forward to seeing you on future all-State calls.

Coordinator: This concludes today's call. Thank you for your participation. You may disconnect your lines.

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