

Mandatory Medicaid and Children's Health Insurance Program (CHIP) Core Set Reporting

Fact Sheet

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BRIEF OVERVIEW

In August 2022, the Centers for Medicare and Medicaid Services (CMS) published a [proposed rule](#), which, if promulgated, would create mandatory annual reporting requirements for states on three core sets of quality measures (collectively, “the Core Sets”):

- The Child Core Set: the Core Set of Children’s Health Care Quality Measures for Medicaid and the Children’s Health Insurance Program (CHIP), established under the Children’s Health Insurance Program Reauthorization Act of 2009 (CHIPRA);
- The Adult Core Set: the behavioral health measures within the Core Set of Adult Health Care Quality Measures for Medicaid, established under the Affordable Care Act (ACA)); and
- The Core Sets of Health Home Quality Measures for Medicaid: there are two Core Sets for Home Health, tied to the two home health benefits under sections 1945 and 1945A of the Social Security Act (SSA), with states reporting on the set(s) corresponding to the benefit(s) they provide.

Collecting these data would allow for evaluation of the quality of, and access to, health care services delivered to Medicaid and CHIP beneficiaries, both nationally and as compared across states. While many states voluntarily measure quality of health care services, the types of measures and data collection vary, as do the resources available to collect, evaluate, and leverage this information.

This rule would newly require states to report on uniform quality measures of the health care provided to Medicaid and CHIP beneficiaries and standardize the processes for doing so. Requiring reporting on these measures would facilitate more consistent reporting across states and ensure more accurate measurement of health care quality and access, both within states and nationally. Ultimately, the goal of this new rule is that, through assessing national and state-level health care quality and access, quality of health care for Medicaid and CHIP beneficiaries would improve over time.

This fact sheet provides insight into the key areas of the proposed rule that states should consider as they prepare for a likely transition from voluntary to mandatory reporting on the Core Sets. CMS sought public input on the proposed rule, including regarding the burdens and feasibility of these new reporting requirements, during the public comment period, which closed on October 21st. Comments received will inform final action on the rule.

DETAILED SUMMARY

THE CHILD, ADULT, AND HEALTH HOME CORE SETS

The Medicaid and CHIP Child Core Set and the Medicaid Adult Core Set are existing measure sets that consist of measures that are intended to gauge the quality of health care provided to Medicaid and CHIP beneficiaries across the country. They are further used to quantify state-level health care quality and improve quality of health care at the national level. The Health Home Core Sets are similarly intended to measure quality of health home program services provided to Medicaid beneficiaries, assess the benefits of these optional State Plan services, and improve the overall quality of health home services provided across the country.

- [2022 Child Core Set](#): measurement categories include primary care access and preventive care; maternal and perinatal health; care of acute and chronic conditions; behavioral health care; dental and oral health services; and experience of care.

- [2022 Adult Core Set](#): measurement categories include primary care access and preventive care; maternal and perinatal health; care of acute and chronic conditions; behavioral health care; experience of care; and long-term services and supports.
- [2022 Health Home Core Set](#): measurement categories include core set measures (e.g., Follow-Up After Hospitalization for Mental Illness and Use of Pharmacotherapy for Opioid Use Disorder) and utilization measures (e.g., Admission to an Institution from the Community and Inpatient Utilization).

Combined, data collected through the Core Sets measure access to preventive health care services, chronic disease management, and post discharge follow-up for Medicaid and CHIP beneficiaries.

ANNUAL REPORTING

If this proposed rule goes into effect, states would have to report on all measures on the Child Core Set and the Health Home Core Set and the behavioral health measures in the Adult Core Set by December 31st each year beginning in 2024. Medicaid State Plans would need to indicate that the state will report on Child and Adult Core Sets; states that provide health home services under a Medicaid Health Home State Plan Amendment would also have specify that health home service providers will report on the applicable Health Home Core Set(s) to the state. The state would then be responsible for reporting on the Health Home Core Set(s). Failure to meet these new mandatory reporting requirements could result in CMS withholding Federal Medicaid payments.

To ease the transition from voluntary to mandatory Core Sets reporting, CMS has proposed a phased-in approach for certain mandatory measures and populations; states would have the option of reporting certain mandatory measures as identified by the Secretary of the Department of Health and Human Services (the “Secretary”). Newly added measures to any of the Core Sets would likely be optional initially as well. The Secretary would announce the optional measures and timeline for the phase-in in annual reporting guidance. Similarly, the Secretary would indicate in annual guidance the populations for which Core Set data must be reported and whether this reporting could be optional for states.

HEALTH EQUITY MEASURES

In order to better detect and measure health disparities among Medicaid beneficiaries and advance health equity, CMS has proposed selecting certain Core Sets measures that must be stratified by race, ethnicity, sex, age, rural/urban status, disability, language, and other factors chosen by the Secretary. Collecting stratified data would enable CMS to more accurately measure disparate health outcomes driven by social determinants of health, which may be otherwise undetectable without stratified data.

To mitigate the additional reporting burden stratification would put on states, CMS has also proposed implementing a phased-in approach for stratification of state data reporting. Taking into account the variety of factors that limit and influence demographic data collection and stratification, the Secretary would identify, through annual reporting guidance, which measures states must stratify. In the second, third and fourth, and fifth year of annual reporting, states would have to submit stratified data for 25%, 50%, and 100%, respectively, of the Core Sets measures identified by the Secretary.

REPORTING RESOURCES AND TECHNICAL ASSISTANCE

State agencies responsible for data reporting would be required to adhere to the reporting guidance described in the proposed rule, which includes:

- All measures in the Core Sets and the populations for which states must report measures
- Guidance on how to collect and calculate Core Sets data
- Standardized data reporting format
- Data reporting procedures
- Rules for reporting on beneficiaries who fall into multiple populations

- The Core Set measures that must be stratified

Below are reporting resources and technical assistance opportunities prepared by CMS for use by states as they prepare to report on the Core Sets:

- [The Child Core Set](#)
- [The Adult Core Set](#)
- [Technical Assistance Webinar to Support State Reporting of the Child, Adult, and Health Home Core Sets: FFY 2022 Updates and Reporting Resources](#)

CMS will provide technical assistance and other resources to states to help them meet these new data reporting requirements.