

2025 Core Set of Children’s Health Care Quality Measures for Medicaid and CHIP (Child Core Set)

2025 Mandatory Child Core Set Measures

CMIT # ^a	Measure Steward	Measure Name	Data Collection Method (see definitions below)
Behavioral Health Care			
271	NCQA	Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication (ADD-CH)	ECDS or EHR
672	CMS	Screening for Depression and Follow-Up Plan: Ages 12 to 17 (CDF-CH)	Administrative or EHR
268	NCQA	Follow-Up After Hospitalization for Mental Illness: Ages 6 to 17 (FUH-CH)	Administrative
448	NCQA	Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM-CH)	ECDS
743	NCQA	Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP-CH)	Administrative
264	NCQA	Follow-Up After Emergency Department Visit for Substance Use: Ages 13 to 17 (FUA-CH)	Administrative
265	NCQA	Follow-Up After Emergency Department Visit for Mental Illness: Ages 6 to 17 (FUM-CH)	Administrative
Primary Care Access and Preventive Care			
760	NCQA	Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC-CH)	Administrative, hybrid, or EHR
128	NCQA	Chlamydia Screening in Women Ages 16 to 20 (CHL-CH)	Administrative or EHR
124	NCQA	Childhood Immunization Status (CIS-CH)	Administrative, hybrid, ECDS, or EHR
761	NCQA	Well-Child Visits in the First 30 Months of Life (W30-CH)	Administrative
363	NCQA	Immunizations for Adolescents (IMA-CH)	Administrative, hybrid, or ECDS
1003	OHSU	Developmental Screening in the First Three Years of Life (DEV-CH)	Administrative or hybrid
24	NCQA	Child and Adolescent Well-Care Visits (WCV-CH)	Administrative
1775	NCQA	Lead Screening in Children (LSC-CH)	Administrative or hybrid
Maternal and Perinatal Health			
413	CDC/NCHS	Live Births Weighing Less Than 2,500 Grams (LBW-CH)	State vital records
581	NCQA	Prenatal and Postpartum Care: Under Age 21 (PPC2-CH)	Administrative or hybrid
166	OPA	Contraceptive Care – Postpartum Women Ages 15 to 20 (CCP-CH)	Administrative
1002	OPA	Contraceptive Care – All Women Ages 15 to 20 (CCW-CH)	Administrative
508	CDC/NCHS	Low-Risk Cesarean Delivery: Under Age 20 (LRCD-CH) ^b	State vital records
Care of Acute and Chronic Conditions			
84	NCQA	Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis: Ages 3 Months to 17 Years (AAB-CH)	Administrative
80	NCQA	Asthma Medication Ratio: Ages 5 to 18 (AMR-CH)	Administrative
Dental and Oral Health Services			
897	DQA (ADA)	Oral Evaluation, Dental Services (OEV-CH)	Administrative
1672	DQA (ADA)	Topical Fluoride for Children (TFL-CH)	Administrative
830	DQA (ADA)	Sealant Receipt on Permanent First Molars (SFM-CH)	Administrative

CMIT # ^a	Measure Steward	Measure Name	Data Collection Method (see definitions below)
Experience of Care			
151 ^c	AHRQ	Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Health Plan Survey 5.1H – Child Version Including Medicaid and Children with Chronic Conditions Supplemental Items (CPC-CH)	Survey

**2025 Provisional Child Core Set Measures
(Voluntary for 2025 Reporting, expected to be added to the 2026 Child Core Set)**

CMIT # ^a	Measure Steward	Measure Name	Data Collection Method (see definitions below)
1781	NCQA	Postpartum Depression Screening and Follow-Up: Under Age 21 (PDS-CH)	ECDS
1782	NCQA	Prenatal Immunization Status: Under Age 21 (PRS-CH)	ECDS
1783	DQA (ADA)	Oral Evaluation During Pregnancy: Ages 15 to 20 (O EVP-CH)	Administrative

More information on Updates to the 2025 Child and Adult Core Health Care Quality Measurement Sets is available at <https://www.medicaid.gov/medicaid/quality-of-care/performance-measurement/adult-and-child-health-care-quality-measures/childrens-health-care-quality-measures/index.html>. A resource that provides a history of the measures included in the Child and Adult Core Sets is available at <https://www.medicaid.gov/medicaid/quality-of-care/downloads/core-set-history-table.pdf>.

It is important to note that these measures reflect high quality comprehensive care provided across health care providers and settings. Domains are intended to categorize measure topic areas and are not intended to define the type of providers or the health care settings in which care is provided.

^a The CMS Measures Inventory Tool (CMIT) is the repository of record for information about the measures that CMS uses to promote health care quality and quality improvement. More information is available at <https://cmit.cms.gov/cmit/>. A public access quick start guide for CMIT is available at <https://cmit.cms.gov/cmit/assets/CMIT-QuickStartPublicAccess.pdf>.

^b This measure is calculated by CMS on behalf of states. Starting with the 2025 Core Set, the Low-Risk Cesarean Delivery measure is included in both the Child and Adult Core Sets. For the Child Core Set, the measure is reported for beneficiaries under age 20. For the Adult Core Set, the measure is reported for beneficiaries age 20 and older.

^c AHRQ is the measure steward for the survey instrument in the Child Core Set (CMIT #151) and NCQA is the developer of the survey administration protocol.

AHRQ = Agency for Healthcare Research & Quality; CDC = Centers for Disease Control and Prevention; CHIP = Children's Health Insurance Program; CMIT = CMS Measures Inventory Tool; CMS = Centers for Medicare & Medicaid Services; DQA (ADA) = Dental Quality Alliance (American Dental Association); ECDS = Electronic Clinical Data Systems; EHR = Electronic Health Record; NCHS = National Center for Health Statistics; NCQA = National Committee for Quality Assurance;; OHSU = Oregon Health and Science University; OPA = U.S. Office of Population Affairs.

Data Collection Method Definitions

Data Collection Method	Description
Administrative	The administrative method uses transaction data (such as claims and encounters) or other administrative data sources (such as vital records and registries) to calculate the measure. These data can be used in cases in which the data are known to be complete, valid, and reliable. When administrative data are used, the entire eligible population is included in the denominator.
Electronic clinical data systems (ECDS)	States may use several data sources to provide complete information about the quality of health services delivered to its beneficiaries. Data systems that may be eligible for ECDS reporting include, but are not limited to, member eligibility files, electronic health records, personal health records, clinical registries, health information exchanges, administrative claims systems, electronic laboratory reports, electronic pharmacy systems, immunization information systems, and disease/case management registries. Notes for Core Set reporting: <ul style="list-style-type: none"> • NCQA has retired the administrative-only data collection method for several Core Set measures. The ECDS data collection method includes use of administrative data, such as claims and encounters. • ECDS measure specifications will be available in a human-readable format for Core Set reporting. • CMS does not require data validation or auditing for Core Set reporting.
Electronic health records (EHR)	The electronic specification method uses electronic health record data to calculate the measure. Several Core Set measures include a link to electronic specifications within the resource manual.
Hybrid	The hybrid method uses both administrative data sources and electronic health record data to determine numerator compliance. Administrative data are reviewed to determine if beneficiaries in the systematic sample received the service, and medical record data are reviewed for beneficiaries who do not meet the numerator criteria through administrative data. The denominator consists of a systematic sample of beneficiaries drawn from the measure's eligible population.
Survey	The survey method uses data collected through a survey to calculate the measure.