Child and Adult Core Sets Annual Review Workgroup:
Instructions and Supplementary Materials for the 2028 Public Call for Measures

August 2025

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2028 CHILD AND ADULT CORE SETS ANNUAL REVIEW: INSTRUCTIONS FOR SUGGESTING MEASURES FOR ADDITION OR REMOVAL

On behalf of the Centers for Medicare & Medicaid Services (CMS), Mathematica is issuing a Call for Measures as part of CMS's process to make updates to the 2028 Child and Adult Core Sets. Through this Call for Measures, Workgroup members, federal liaisons, and members of the public are invited to suggest measures to add to or remove from the Child and Adult Core Sets. Measures suggested for addition to or removal from the Child and Adult Core Sets will be considered by the Core Sets Annual Review Workgroup, which is charged with identifying ways to strengthen and improve the Child and Adult Core Sets for Medicaid and CHIP. CMS will update the Core Sets based on Workgroup recommendations, along with other sources of input.

Submission Process

Those suggesting measures for addition or removal must complete the forms at the links below. Separate forms must be submitted for each measure.[1] For reference, the questions included in the forms are attached to the Call for Measures email in Word format to assist you in preparing your measure submission.

- **Form to Suggest a Measure for Addition:** https://mathematica.questionprogov.com/2028Additions

- **Form to Suggest a Measure for Removal:** https://mathematica.questionprogov.com/2028Removals

All measure suggestion forms must be submitted by 8 PM ET on Wednesday, September 24, 2025 in order to be considered for the 2028 Annual Review. After submitting a form, you will receive a confirmation email with your recorded responses from MACCoreSetReview@mathematica-mpr.com . If you cannot locate this email, please contact Mathematica to confirm your submission was received.

Criteria for Suggesting Measures

When considering measures for addition or removal, please note the following criteria. This information will inform the discussion at the annual voting meeting.

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[1] Note that if you are suggesting a new measure to replace an existing measure, you do not need to submit a separate measure removal form. Submit your rationale for the measure substitution using only the additions form available at https://mathematica.questionprogov.com/2028Additions.

Table 1. Criteria for Suggesting Measures for Addition to the 2028 Core Sets

Minimum Technical Feasibility and Appropriateness (ALL criteria must be met)	
☐	A1. The measure must be fully developed and have detailed technical specifications that enable production of the measure at the state level (e.g., numerator, denominator, and value sets). (Specifications must be provided as part of the submission.)
☐	A2. The measure must have been tested in state Medicaid and/or CHIP programs or be in use by one or more state Medicaid and/or CHIP programs according to measure specifications. (Documentation is required as part of the submission.)
☐	A3. An available data source or validated survey instrument exists that contains all the data elements necessary to calculate the measure, including an identifier for Medicaid and CHIP beneficiaries (or the ability to link to an identifier).
☐	A4. The specifications and data source must allow for consistent calculations across states (e.g., coding and data completeness).
☐	A5. The measure aligns with current clinical guidance and/or positive health outcomes.
☐	A6. The measure must include technical specifications (including code sets) that are provided free of charge for state use in the Core Sets.
Actionability	
☐	B1. The measure would fill a priority gap in the Core Sets or would add value to the existing measures on the Core Sets.
☐	B2. The measure can be used to assess state progress in improving health care delivery and outcomes in Medicaid and CHIP (e.g., the measure has room for improvement, performance is trendable, and improvement can be directly influenced by Medicaid and CHIP programs or providers).
☐	B3. The measure is able to be stratified by the required stratification categories included in the annual Core Sets guidance for the Medicaid and CHIP population. Considerations could include adequate sample and population sizes and available data in the required data source(s).
Other Considerations	
☐	C1. The prevalence of the condition or outcome being measured is sufficient to produce reliable and meaningful state-level results, taking into account Medicaid and CHIP population sizes and demographics.
☐	C2. The measure and measure specifications are aligned with those used in other CMS programs, where possible (e.g., Core Quality Measures Collaborative Core Sets, Medicare Promoting Interoperability Program, Merit-Based Incentive Payment System, Medicaid and CHIP Quality Rating System, Medicare Advantage Star Ratings, and/or Medicare Shared Savings Program).
☐	C3. Adding the measure to the Core Sets does not result in substantial additional data collection burden for providers or Medicaid and CHIP beneficiaries.
☐	C4. All states should be able to produce the measure for all Medicaid and CHIP populations within two years of the measure being added to the Core Sets.
☐	C5. The code sets and codes specified in the measure must be in use by Medicaid and CHIP programs or otherwise be readily available to Medicaid and CHIP programs to support calculation of the measure.

Table 2. Criteria for Suggesting Measures for Removal from the 2028 Core Sets (one criterion must be met)

Technical Feasibility	
☐	A1. The measure is being retired by the measure steward and will no longer be updated or maintained.
☐	A2. The measure is not fully developed and does not have detailed technical measure specifications, preventing production of the measure at the state level (e.g., numerator, denominator, and value sets).
☐	A3. The majority of states report significant challenges in accessing an available data source that contains all the data elements necessary to calculate the measure, including an identifier for Medicaid and CHIP beneficiaries (or the ability to link to an identifier).
☐	A4. The specifications and data source do not allow for consistent calculations across states (e.g., there is documented variation in coding or data completeness across states).
Actionability	
☐	B1. Measure performance for all populations is so high and unvarying that meaningful distinctions in improvements or performance can no longer be made.
☐	B2. Improvement on the measure is outside the direct influence of Medicaid and CHIP programs or providers.
☐	B3. The measure no longer aligns with current clinical guidance and/or positive health outcomes.
	B4. The measure is not able to be stratified by all the required stratification categories included in the annual Core Sets guidance. Considerations could include lack of adequate sample and population sizes or lack of available data in the required data source(s).
☐	B5. Another measure is recommended for replacement which is (1) more broadly applicable (across settings, populations, or conditions) for the topic, and/or (2) more proximal in time to desired beneficiary outcomes, and/or (3) more strongly associated with desired beneficiary outcomes. (Note that the replacement measure must also meet the minimum technical feasibility and appropriateness criteria to be considered by the Workgroup.)
Other Considerations	
☐	C1. The prevalence of the condition or outcome being measured is not sufficient to produce reliable and meaningful state-level results, taking into account Medicaid and CHIP population sizes and demographics.
☐	C2. The measure and measure specifications are not aligned with those used in other CMS programs (e.g., Core Quality Measures Collaborative Core Sets, Medicare Promoting Interoperability Program, Merit-Based Incentive Payment System, Medicaid and CHIP Quality Rating System, Medicare Advantage Star Ratings, and/or Medicare Shared Savings Program).
☐	C3. Including the measure on the Core Sets results in substantial additional data collection burden for providers or Medicaid and CHIP beneficiaries.
☐	C4. Not all states may be able to produce the measure for all Medicaid and CHIP populations within two years of the measure being added to the Core Sets.

For More Information

If you have questions about the Call for Measures or any technical difficulties with the forms, please contact us at MACCoreSetReview@mathematica-mpr.com.

MEASURES DISCUSSED BY THE 2020–2027 CHILD AND ADULT CORE SETS ANNUAL REVIEW WORKGROUPS

This resource identifies measures discussed by the Child and Adult Core Sets Workgroup during the 2020−2027 Core Sets Annual Reviews to inform the public Call for Measures for the 2028 Child and Adult Core Sets Annual Review. Please review this resource prior to suggesting a measure for addition to, or removal from, the Child and Adult Core Sets. If the measure has been discussed by the Workgroup previously, refer to the applicable Measure Information Sheet for background on the measure and to the Final Report from that year's review for a summary of the discussion and recommendation.

The Measure Information Sheets and Final Reports are available on the Child and Adult Core Sets Annual Review website in the archive for each annual review.

- Table 1 shows measures that the Workgroup previously discussed for removal, including (1) measures that were recommended by the Workgroup for removal and retained by CMS, and (2) measures that were discussed and not recommended for removal.

- Table 2 shows measures that the Workgroup previously discussed for addition, including (1) measures that were recommended by the Workgroup for addition and not added by CMS, (2) measures recommended for addition and awaiting a decision by CMS, and (3) measures that were not recommended for addition.

- Table 3 shows measures that were not discussed by the Workgroup because they did not meet the minimum technical feasibility criteria for discussion. Note that these criteria were introduced in 2021 and applied to measures in the 2021-2027 Annual Reviews.

For information on measures that were added to or removed from the Core Sets by CMS, please refer to the Core Set History Table. Please refer to the following links for the CMS Informational Bulletins and State Health Official letters summarizing the annual updates:

- 2014 to 2022 Child and Adult Core Set updates:
  https://www.medicaid.gov/medicaid/quality-of-care/downloads/list-of-core-set-cib.pdf

- 2023 and 2024 Child and Adult Core Set updates:
  https://www.medicaid.gov/federal-policy-guidance/downloads/cib111522.pdf

- 2025 Child and Adult Core Set updates:
  https://www.medicaid.gov/federal-policy-guidance/downloads/sho24001.pdf

- 2026 Child and Adult Core Set updates:
  https://www.medicaid.gov/federal-policy-guidance/downloads/sho24007.pdf

If you have any questions, please contact the mailbox at MACCoreSetReview@mathematica-mpr.com.

Table 1. 2026 Core Sets Measures the Workgroup Previously Discussed for Removal

＊ Measure was recommended for removal by the Workgroup during this annual review.

X Measure was discussed but not recommended for removal by the Workgroup during this annual review.

Measure Name (Acronym)	2020	2021	2022	2023	2025	2026	2027
Measures Discussed and Recommended by the Workgroup for Removal in Any Annual Review but Retained by CMS							
Diabetes Care for People with Serious Mental Illness: Glycemic Status >9.0% (HPCMI-AD)[a]		＊					
Screening for Depression and Follow-Up Plan: Ages 12 to 17 (CDF-CH)[b]				＊			
Screening for Depression and Follow-Up Plan: Age 18 and older (CDF-AD)[b]				＊			
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC-CH)[c]	＊						
Measures Discussed but Not Recommended by the Workgroup for Removal in Any Annual Review							
Concurrent Use of Opioids and Benzodiazepines (COB-AD)				X	X		
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)	X	X			X		
Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Health Plan Survey 5.1H, Adult Version (Medicaid) (CPA-AD)	X	X			X		
Contraceptive Care – Postpartum Women: Ages 15 to 20 (CCP-CH)							X
Contraceptive Care – Postpartum Women: Ages 21 to 44 (CCP-AD)	X						X
Contraceptive Care – All Women: Ages 15 to 20 (CCW-CH)							X
Contraceptive Care – All Women: Ages 21 to 44 (CCW-CH)							X
HIV Viral Load Suppression (HVL-AD)	X	X		X			
Initiation and Engagement of Substance Use Disorder Treatment (IET-AD)			X			X	
Medical Assistance with Smoking and Tobacco Use Cessation (MSC-AD)	X	X	X	X			
Topical Fluoride for Children (TFL-CH)					X		

[a] HPCMI-AD was also discussed during the 2023 annual review but was not recommended for removal during that review.

[b] CDF-CH and CDF-AD were also discussed during the 2021 and 2025 annual reviews, but were not recommended for removal during those reviews.

[c] CMS retained this measure in the Child Core Set and added the Counseling for Nutrition and Counseling for Physical Activity indicators. The measure recommended for removal included only the Body Mass Index (BMI) Percentile Documentation indicator.

Table 2. Measures the Workgroup Previously Discussed for Addition

✱ Measure was recommended for addition by the Workgroup during this annual review.

X Measure was discussed but not recommended for addition by the Workgroup during this annual review.

Measure Name	2020	2021	2022	2023	2025	2026	2027
Measures Discussed and Recommended by the Workgroup for Addition in Any Annual Review but Not Added by CMS							
Appropriate Antibiotic Prophylaxis for Children with Sickle Cell Anemia	✱						
Depression Screening and Follow-Up for Adolescents and Adults				✱			
National Core Indicators for Aging and Disabilities (NCI-AD) Adult Consumer[a] Survey	✱						
Measures Discussed and Recommended by the Workgroup for Addition but Awaiting Decision by CMS							
Adults with Diabetes – Oral Evaluation[b]							✱
Evaluation of Hepatitis B and C							✱
Initial Opioid Prescribing for Long Duration							✱
Measures Discussed but Not Recommended by the Workgroup for Addition							
Adults' Access to Preventive/Ambulatory Health Services				X			
Ambulatory Care Sensitive Emergency Department Visits for Dental Caries in Children	X						
Annual Dental Visit		X					
Antibiotic Utilization for Respiratory Conditions							X
Appropriate Antibiotic Prophylaxis for Children with Sickle Cell Disease	X						
Appropriate Treatment for Upper Respiratory Infection	X		X				
Blood Pressure Control for Patients with Diabetes				X			
Child Hospital Consumer Assessment of Healthcare Providers and Systems Survey	X						
Consumer Assessment of Healthcare Providers and Systems Home and Community Based Services Survey	X						
Continuity of Insurance: Informed Participation	X						
Continuity of Pharmacotherapy for Opioid Use Disorder	X						
Depression Remission or Response for Adolescents and Adults							X

Measure Name	2020	2021	2022	2023	2025	2026	2027
Early Childhood Oral Evaluation by a Dental Provider Following a Medical Preventive Service Visit							X
Eye Exam for Patients with Diabetes				X			
Flu Vaccinations for Adults Age 65 and Older	X						
Follow-Up after Emergency Department Visits for Dental Caries in Children	X						
Follow-Up After Emergency Department Visits for Non-Traumatic Dental Conditions in Adults		X					
Follow-Up after High-Intensity Care for Substance Use Disorder	X						
Follow-up with Patient Family After Developmental Screening	X						
Health-Related Social Needs Screening	X						
Healthy Days Core Module - Health-Related Quality of Life	X						
HIV Screening	X						
Influenza Immunization	X		X				
Kidney Health Evaluation for Patients with Diabetes				X			
Long-Term Services and Supports (LTSS) Admission to an Institution from the Community		X					
Long-Term Services and Supports: Comprehensive Assessment and Update	X						
Long-Term Services and Supports: Reassessment/Care Plan Update After Inpatient Discharge	X		X				
Long-Term Services and Supports: Shared Care Plan with Primary Care Physician				X			
Long-Term Services and Supports: Successful Transition After Long-Term Institutional Stay	X			X			
PC-05: Exclusive Breast Milk Feeding	X						
Personal Outcome Measures	X						
Prevention Quality Indicators (PQI) 92: Prevention Quality Chronic Condition Composite		X					
Preventive Care and Screening: Body Mass Index Screening and Follow-Up Plan	X						

Measure Name	2020	2021	2022	2023	2025	2026	2027
Preventive Care and Screening: Tobacco Use: Screening and Cessation Intervention	X		X				
Preventive Care and Screening: Unhealthy Alcohol Use: Screening and Brief Counseling	X						
Proportion of Days Covered: Antiretroviral Medications	X	X	X				
Proportion of Days Covered: Diabetes All Class			X				
Proportion of Days Covered: Renin Angiotensin System Antagonists			X				
Proportion of Days Covered: Statins			X				
Query of Prescription Drug Monitoring Program	X						
Social Need Screening and Intervention						X	
Statin Therapy for the Prevention and Treatment of Cardiovascular Disease	X			X	X		
Topical Fluoride for Children (NCQA version)					X		
Transcranial Doppler Ultrasonography Screening for Children with Sickle Cell Disease	X						
Use of Opioids from Multiple Providers in Persons Without Cancer	X						

[a] National Core Indicators for Aging and Disabilities Adult Consumer Survey was discussed during the 2021 and 2023 annual review but was not recommended for additions during the reviews.

[b] The Adults with Diabetes – Oral Evaluation measure was discussed at the 2020 annual review but was not recommended for addition during that review.

Table 3. Measures Not Discussed by the Workgroup Because They Did Not Meet Minimum Technical Feasibility or Appropriateness Criteria

● Measure was not discussed by the Workgroup during this annual review.

Measure Name	2021	2022	2023	2025	2026	2027
Admission to an Institution from the Community Among Medicaid Fee-for-Service (FFS) Home and Community-Based Service (HCBS) Users	●					
Drivers of Health Screening Rate and Screen Positive Rate 1. Drivers of Health Screening Rate for Medicaid Managed Care Organizations and Provider-Led Accountable Entities (Child and Adult) 2. Drivers of Health Screening Rate for Providers (Child and Adult) 3. Drivers of Health Screen Positive Rate for Medicaid Managed Care Organizations and Provider-Led Accountable Entities (Child and Adult) 4. Drivers of Health Screen Positive Rate for Providers (Child and Adult)			●			
Global Assessment of Pediatric Patient Safety (GAPPS) Trigger Tool	●					
HIV Screening	●					●
Intervention for Prediabetes		●				
Long-Term Services and Supports Expenditures on Home and Community-Based Services			●			
Prediabetes: Screening for Abnormal Blood Glucose		●				
Retesting of Abnormal Blood Glucose in Patients with Prediabetes		●				
Safe Environment for Every Kid (SEEK) Parent Questionnaire-R	●					
Social-Emotional Screening Birth to Three						●
State Use of Experience of Care Surveys for Beneficiaries Using Long-Term Services and Supports		●				
Statin Therapy for the Prevention and Treatment of Cardiovascular Disease[a]		●				
Tobacco Use and Help with Quitting Among Adolescents		●		●		

Note: Beginning in 2021, Mathematica specified minimum technical feasibility and appropriateness criteria for measures to be considered by the Workgroup. The criteria are: (1) the measure must be fully developed and have detailed technical specifications that enable production of the measure at the state level, (2) the measure must have been tested or be in use by one or more state Medicaid or CHIP programs, (3) an available data source or survey instrument must exist that contains all the data elements necessary to calculate the measure (including an identifier for Medicaid and CHIP beneficiaries), and (4) the specifications and data source must allow for consistent calculations across states. Beginning in 2022, Mathematica specified a fifth criterion that the measure must include technical specifications (including code sets) that are provided free of charge for state use in the Core Set. This fifth criterion is assessed by CMS after the Workgroup has made its recommendations. Beginning in 2027, Mathematica specified a sixth criterion that the measure must align with current clinical guidelines and/or positive health outcomes.

[a] This measure was not discussed by the 2022 Workgroup because neither Mathematica, the measure submitter, nor the measure steward was aware of any state Medicaid or CHIP programs that had tested or were using the measure at that time. The measure was discussed by the Workgroup in subsequent years after Mathematica verified that at least one state Medicaid program was using the measure.

SYNTHESIS OF 2027 ANNUAL REVIEW WORKGROUP DISCUSSIONS ABOUT PRIORITY GAPS IN THE CHILD AND ADULT CORE SETS

This table summarizes cross-cutting and domain-specific priority gaps discussed by Workgroup members during the 2027 Child and Adult Core Sets Annual Review voting meeting. As you think about measures to suggest for addition to the 2028 Child and Adult Core Sets, please consider how that measure might address one or more of the priority gaps noted below. Please also review the criteria for suggesting measures for addition (included in this packet) and keep in mind the elements of technical feasibility and appropriateness, actionability, and other considerations when deciding to suggest a measure for addition to the Core Sets.

Domain-Specific Priority Gaps
Behavioral Health Care
• Screening and follow-up for suicide risk • Suicide prevention interventions in the emergency department • Screening and referral to treatment for anxiety disorders, especially for children and adolescents • Screening for loneliness and isolation • Training and referral to treatment for depression • Behavioral health measures that are diagnostically cross-cutting and focus on general wellness
Primary Care Access and Preventive Care
• Refinement of existing immunization measures to understand barriers in access to care • Lung cancer screenings • Screening for syphilis
Maternal and Perinatal Health
• Maternal morbidity and mortality, including closing gaps in outcomes • Maternal care coordination • Measures to assess whether patient-centered contraceptive counseling was provided
Care of Acute and Chronic Conditions
• Care for clinical conditions affecting adults with disabilities (such as falls, urinary tract infections, or wounds) • Measures related to the HIV "cascade of care"[a] • Measures related to follow-up and treatment for positive developmental delay screenings • Lifestyle modifications to manage chronic conditions (such as diabetes and high blood pressure)
Dental and Oral Health Services
• Coordination of care between dental and medical systems
Experience of Care
• Consumer experience measures assessing respectful care and patients' perceptions of providers valuing their needs and priorities • Patient-reported outcomes, including those related to oral health • Experience of care for children and adolescents with special health care needs and/or intellectual and developmental disabilities

Cross-Cutting Priority Gaps
• Screening, referral, and care coordination related to social drivers of health • Stratification of measures by population subgroups, including pregnant women, children and adolescents with disabilities, and adults with disabilities • Assessment of adverse childhood experiences and positive childhood experiences

Source: Recommendations for Improving the Core Sets of Health Care Quality Measures for Medicaid and CHIP: Summary of a Workgroup Review of the 2027 Child and Adult Core Sets, Final Report, June 2025, available at https://www.mathematica.org/features/MACCoreSetReview.

[a] The "cascade of care" refers to a framework used in health care to monitor systemwide effectiveness and performance across key stages of care for chronic diseases, from initial diagnosis to treatment completion.

HIV = human immunodeficiency virus.

2026 CORE SET OF CHILDREN'S HEALTH CARE QUALITY MEASURES FOR MEDICAID AND CHIP (CHILD CORE SET)

2026 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)	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)	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)[b]	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
1782	NCQA	Prenatal Immunization Status: Under Age 21 (PRS-CH)[c]	ECDS
508	CDC/NCHS	Low-Risk Cesarean Delivery: Under Age 20 (LRCD-CH)[b]	State vital records

CMIT #[a]	Measure Steward	Measure Name	Data Collection Method (see definitions below)
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
1783	DQA (ADA)	Oral Evaluation During Pregnancy: Ages 15 to 20 (OEVP-CH)	Administrative
Experience of Care			
151[d]	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

2026 Provisional Child Core Set Measures (Voluntary for 2026 Reporting)

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
TBD	NCQA	Prenatal Depression Screening and Follow-Up: Under Age 21 (PND-CH)	ECDS

More information on Updates to the 2026 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.

[c] This measure was added to the 2026 Child Core Set.

[d] 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 their 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: • 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.

2026 CORE SET OF ADULT HEALTH CARE QUALITY MEASURES FOR MEDICAID (ADULT CORE SET)

2026 Mandatory Adult Core Set Measures

CMIT #[a]	Measure Steward	Measure Name	Data Collection Method (see definitions below)
Behavioral Health Care			
394	NCQA	Initiation and Engagement of Substance Use Disorder Treatment (IET-AD)	Administrative or EHR
432	NCQA	Medical Assistance with Smoking and Tobacco Use Cessation (MSC-AD)	Survey
672	CMS	Screening for Depression and Follow-Up Plan: Age 18 and Older (CDF-AD)	Administrative or EHR
268	NCQA	Follow-Up After Hospitalization for Mental Illness: Age 18 and Older (FUH-AD)	Administrative
202	NCQA	Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD-AD)	Administrative
196	NCQA	Diabetes Care for People with Serious Mental Illness: Glycemic Status > 9.0% (HPCMI-AD)	Administrative or hybrid
750	SAMHSA	Use of Pharmacotherapy for Opioid Use Disorder (OUD-AD)	Administrative
264	NCQA	Follow-Up After Emergency Department Visit for Substance Use: Age 18 and Older (FUA-AD)	Administrative
265	NCQA	Follow-Up After Emergency Department Visit for Mental Illness: Age 18 and Older (FUM-AD)	Administrative
18[b]	NCQA	Adherence to Antipsychotic Medications for Individuals With Schizophrenia (SAA-AD)	Administrative

2026 Voluntary Adult Core Set Measures

CMIT #[a]	Measure Steward	Measure Name	Data Collection Method (see definitions below)
Primary Care Access and Preventive Care			
118	NCQA	Cervical Cancer Screening (CCS-AD)	ECDS or EHR
128	NCQA	Chlamydia Screening in Women Ages 21 to 24 (CHL-AD)	Administrative or EHR
139	NCQA	Colorectal Cancer Screening (COL-AD)	ECDS or EHR
93	NCQA	Breast Cancer Screening (BCS-AD)	ECDS or EHR
26	NCQA	Adult Immunization Status (AIS-AD)	ECDS
Maternal and Perinatal Health			
581	NCQA	Prenatal and Postpartum Care: Age 21 and Older (PPC2-AD)	Administrative or hybrid
166	OPA	Contraceptive Care – Postpartum Women Ages 21 to 44 (CCP-AD)	Administrative
1002	OPA	Contraceptive Care – All Women Ages 21 to 44 (CCW-AD)	Administrative

CMIT #[a]	Measure Steward	Measure Name	Data Collection Method (see definitions below)
508	CDC/NCHS	Low-Risk Cesarean Delivery: Age 20 and Older (LRCD-AD)[c]	State vital records
1782	NCQA	Prenatal Immunization Status: Age 21 and Older (PRS-AD)	ECDS
Care of Acute and Chronic Conditions			
167	NCQA	Controlling High Blood Pressure (CBP-AD)	Administrative, hybrid, or EHR
84	NCQA	Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis: Age 18 and Older (AAB-AD)	Administrative
1820	NCQA	Glycemic Status Assessment for Patients with Diabetes (GSD-AD)	Administrative or hybrid
577	AHRQ	PQI 01: Diabetes Short-Term Complications Admission Rate (PQI01-AD)	Administrative
578	AHRQ	PQI 05: Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults Admission Rate (PQI05-AD)	Administrative
579	AHRQ	PQI 08: Heart Failure Admission Rate (PQI08-AD)	Administrative
580	AHRQ	PQI 15: Asthma in Younger Adults Admission Rate (PQI15-AD)	Administrative
561	NCQA	Plan All-Cause Readmissions (PCR-AD)	Administrative
80	NCQA	Asthma Medication Ratio: Ages 19 to 64 (AMR-AD)	Administrative
325	HRSA	HIV Viral Load Suppression (HVL-AD)	Administrative or EHR
150	PQA	Concurrent Use of Opioids and Benzodiazepines (COB-AD)	Administrative
Dental and Oral Health Services			
1783	DQA (ADA)	Oral Evaluation During Pregnancy: Ages 21 to 44 (OEVP-AD)	Administrative
1784	DQA (ADA)	Ambulatory Care Sensitive Emergency Department Visits for Non-Traumatic Dental Conditions in Adults (EDV-AD)	Administrative
Experience of Care			
152[d]	AHRQ	Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Health Plan Survey 5.1H, Adult Version (Medicaid) (CPA-AD)	Survey

2026 Provisional Adult Core Set Measures (Voluntary for 2026 Reporting)

CMIT #[a]	Measure Steward	Measure Name	Data Collection Method (see definitions below)
1781	NCQA	Postpartum Depression Screening and Follow-Up: Age 21 and Older (PDS-AD)	ECDS
TBD	NCQA	Prenatal Depression Screening and Follow-Up: Age 21 and Older (PND-AD)	ECDS

More information on Updates to the 2026 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/adult-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 The Adult Core Set includes the NCQA version of the measure, which is adapted from the CMS measure.

^c This measure is calculated by CMS on behalf of states.

^d AHRQ is the measure steward for the survey instrument in the Adult Core Set (CMIT #152) and NCQA is the developer of the survey administration protocol.

AHRQ = Agency for Healthcare Research & Quality; 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; HRSA = Health Resources and Services Administration; NCQA = National Committee for Quality Assurance; OPA = U.S. Office of Population Affairs; PQA = Pharmacy Quality Alliance; SAMHSA = Substance Abuse and Mental Health Services Administration.

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 their 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: • 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.

BACKGROUND RESOURCES ON THE CHILD AND ADULT CORE SETS

This resource list includes reporting and analytic resources related to the Child and Adult Core Sets as well as other quality measurement resources. We hope these resources will help inform the 2028 Child and Adult Core Sets Annual Review.

Core Sets Reporting Years, Mandatory Reporting, and the Annual Review Cycle

First, it might be helpful to understand the Core Sets reporting and review cycle, as we work on multiple years simultaneously. The resources listed cover one or more of these reporting years.

- The most recent publicly reported data are for the **2023 Child and Adult Core Sets**; 2023 Core Set data products were released by the Centers for Medicare & Medicaid Services (CMS) on a rolling basis starting in September 2024. Links are provided below.

- State reporting of data for the **2024 Child and Adult Core Sets** took place in fall 2024 and is currently in CMS review.

  - In August 2023, CMS released the final rule for Mandatory Medicaid and Children's Health Insurance Core Set Reporting. Beginning with 2024 Core Sets reporting, states are required to report on all measures of the Child Core Set and the behavioral health measures on the Adult Core Set. More information is available at https://www.federalregister.gov/public-inspection/2023-18669/mandatory-medicaid-and-childrens-health-insurance-program-core-set-reporting.

- State reporting of data for the **2025 Child and Adult Core Sets** will take place in fall 2025.

  - A State Health Official (SHO) letter that describes updates to the 2025 Child and Adult Core Sets and provides mandatory reporting guidance was released in May 2024. It is available at https://www.medicaid.gov/federal-policy-guidance/downloads/sho24001.pdf.

  - The technical specifications and related resources for the 2025 Child and Adult Core Sets were released in January 2025. Links are provided below.

- State reporting of data for the **2026 Child and Adult Core Sets** will take place in fall 2026.

  - A SHO letter that describes updates to the 2026 Child and Adult Core Sets and provides mandatory reporting guidance was released in December 2024. It is available at https://www.medicaid.gov/federal-policy-guidance/downloads/sho24007.pdf.

  - Links to the 2026 Child and Adult Core Set measure lists are provided below.

- State reporting of data for the **2027 Child and Adult Core Sets** will take place in fall 2027.

  - The final report of the 2027 Child and Adult Core Sets Annual Review, containing recommendations for the 2027 Child and Adult Core Sets, was released in June 2025 and is available at https://www.mathematica.org/features/MACCoreSetReview.

  - CMCS expects to release the 2027 Child and Adult Core Sets by the end of 2025.

- The **2028 Child and Adult Core Sets** Annual Review Workgroup is charged with assessing the existing Core Sets and recommending measures for removal or addition to strengthen and improve the 2028 Child and Adult Core Sets.

  - More information about the Child and Adult Core Sets Annual Review and Selection Process is available at https://www.medicaid.gov/medicaid/quality-of-care/downloads/annual-core-set-review.pdf.

2026 Core Set Reporting Resources

CMS announced updates to the Child and Adult Core Sets, based on input received through the 2026 annual review process, in December 2024. The following resources related to the 2026 Core Set measures are available on Medicaid.gov.

- The **2026 Child and Adult Core Sets** measure lists show the measure names, measure stewards, CMS Measures Inventory Tool (CMIT) number, and the data collection method.

  - The 2026 Child Core Set measure list is available at https://www.medicaid.gov/medicaid/quality-of-care/downloads/2026-child-core-set.pdf.

  - The 2026 Adult Core Set measure list is available at https://www.medicaid.gov/medicaid/quality-of-care/downloads/2026-adult-core-set.pdf.

- The **2026 Core Sets History Table** provides a list of the measures included in the Child Core Set from 2010 to 2026 and in the Adult Core Set from 2013 to 2026. The table also documents CMS's reasons for adding and removing measures over time. The table is available at https://www.medicaid.gov/medicaid/quality-of-care/downloads/core-set-history-table.pdf.

2025 Core Set Reporting Resources

The 2025 Child and Adult Core Set reporting resources provide detailed information on the technical specifications and technical assistance resources to help states report the Core Set measures. The following 2025 Core Set reporting resources are available on Medicaid.gov at the links shown in the table below.

- The **2025 Child and Adult Core Sets** measure lists show the measure names, measure stewards, CMIT number, and the data collection method.

- The **2025 Core Set Technical Specifications and Resource Manuals** provide general information on data collection and reporting, and include technical specifications and measure-specific reporting guidance for each measure included in the 2025 Core Sets.

- A **Summary of Updates** describes the changes between the 2024 and 2025 Core Set resource manuals.

- **2025 Core Set Data Quality Checklists** help states improve the completeness, accuracy, consistency, and documentation of data reported for the Core Set measures. The checklists include common issues noted in reviewing state data, and help states review the data entered into the web-based reporting system.

- **2025 Core Set Measurement Period Tables** specify the measurement period for the denominators, numerators, and continuous enrollment periods for each Core Set measure.

- **Reporting Stratified Results in the QMR System for the 2025 Core Sets** resource identifies the stratification categories and subcategories for 2025 Core Sets reporting and provides additional reporting guidance.

Child Core Set	Adult Core Set
2025 Child Core Set Measure List	2025 Adult Core Set Measure List
2025 Core Set Technical Specifications and Resource Manual	2025 Core Set Technical Specifications and Resource Manual
2025 Core Set Summary of Changes	2025 Core Set Summary of Changes
2025 Core Set Data Quality Checklist	2025 Core Set Data Quality Checklist
2025 Core Set Measurement Period Table	2025 Core Set Measurement Period Table
Reporting Stratified Results in the QMR System for the 2025 Core Sets	Reporting Stratified Results in the QMR System for the 2025 Core Sets

2023 Core Sets Measure Performance

The most recent year of public reporting available is for the 2023 Core Sets. The following resources are available on Medicaid.gov at the links shown in the table below.

- The **Core Set Data Dashboard** is an interactive tool for reviewing 2023 Core Set performance data for all publicly reported measures. It aims to improve accessibility of data about the quality of care provided to Medicaid and CHIP beneficiaries. CMCS expects to add 2024 Core Set data to the dashboard in early fall 2025.

- The **Summary Fact Sheet** provides an overview of findings from 2023 Child and Adult Core Sets reporting.

- The **Child and Adult Core Set Chart Packs** summarize state reporting on all 2023 Child and Adult Core Set measures; they also provide summary performance data on publicly reported measures.

- **Performance on the Child and Adult Core Set Measures** is presented through tables for each publicly reported measure, which is defined as being reported by 25 or more states and which met CMS's standards for data quality. The tables show state-level performance, including the population, methodology, denominator, and rate.

- **Child and Adult Quality Measures Datasets** are data files that provide summary and state-level performance data on publicly reported Child and Adult Core Sets measures.

- The **Trending Criteria Methods Brief** provides an overview of criteria for using the Child and Adult Core Set measures to assess trends in state performance.

- The **Trends in State Performance** resource presents the median state performance rates for Child and Adult Core Set measures that met the criteria for trending analysis over the most recent three-year period available and identifies statistically significant trends.

Child Core Set	Adult Core Set
Child Core Set Home Page	Adult Core Set Home Page
Core Set Data Dashboard	Core Set Data Dashboard
Summary Fact Sheet: Quality of Care for Children and Adults in Medicaid and CHIP: Overview of Findings from the 2023 Child and Adult Core Sets	Summary Fact Sheet: Quality of Care for Children and Adults in Medicaid and CHIP: Overview of Findings from the 2023 Child and Adult Core Sets
2023 Child Core Set Chart Pack	2023 Adult Core Set Chart Pack
Performance on the 2023 Child Core Set Measures	Performance on the 2023 Adult Core Set Measures
2023 Child Core Set Health Quality Measures Dataset	2023 Adult Core Set Health Quality Measures Dataset
2023 Core Set Trending Criteria Methods Brief	2023 Core Set Trending Criteria Methods Brief
Trends in State Performance: 2021 to 2023 Child and Adult Core Sets	Trends in State Performance: 2021 to 2023 Child and Adult Core Sets

Medicaid and CHIP Scorecard

The Medicaid and CHIP Scorecard was first released in 2018 to increase public transparency about the programs' administration and outcomes. The Health Care Quality Performance content area includes publicly reported quality measures that show how states serve Medicaid and CHIP beneficiaries across the life span.

- Information about the Medicaid and CHIP Scorecard is available at https://www.medicaid.gov/state-overviews/scorecard/index.html.

- While many of the measures in the Health Care Quality Performance content area of the Scorecard are included in the Child and Adult Core Sets, not all measures in the Child and Adult Core Sets are included in the Scorecard.

- The 2024 Scorecard generally includes Child and Adult Core Set data from the 2021 to 2023 Core Sets.

Other Quality Measurement Resources

This section identifies additional quality measurement resources that may inform the discussion of measures for addition to or removal from the 2028 Child and Adult Core Sets, including efforts to reduce reporting burden, facilitate alignment, and address gaps.

- The **Centers for Medicare & Medicaid Services (CMS) Measure Inventory Tool (CMIT)** is the repository of record for information about the measures that CMS uses to promote health care quality and quality improvement. The searchable database provides information on more than 2,000 measures, including title, numerator, denominator, exclusions, measure type, reporting status, use in federal and other programs, measure steward, placement in cascade of Meaningful Measures, and other attributes. The tool 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.

- The **Cascade of Meaningful Measures** is a tool CMS developed to help prioritize existing health care quality measures, align or reduce measures where there are too many, and identify gaps where new measures may need to be developed. The tool starts by utilizing the eight health care priorities of the Meaningful Measures 2.0 Framework. More information is available at https://www.cms.gov/medicare/meaningful-measures-framework/cascade-measures.

- The **Core Quality Measures Collaborative (CQMC)** is a public-private partnership to facilitate measure alignment across payers through the creation of core sets of quality measures. The CQMC aims to reduce burden by identifying high-impact, evidence-based measures and by eliminating redundancies and inconsistencies in measure specifications and reporting requirements across payers. More information is available at https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/QualityMeasures/Core-Measures.

- CMS is exploring the use of **Transformed Medicaid Statistical Information System (T-MSIS)** data to calculate Child and Adult Core Sets measures on behalf of states to reduce state burden and increase consistency across states. More information about T-MSIS is available at https://www.medicaid.gov/medicaid/data-systems/macbis/transformed-medicaid-statistical-information-system-t-msis/index.html. More information about the **T-MSIS Analytic Files (TAF)** used to calculate the measures is available at https://www.medicaid.gov/medicaid/data-systems/macbis/medicaid-chip-research-files/transformed-medicaid-statistical-information-system-t-msis-analytic-files-taf/index.html. The DQ (Data Quality) Atlas provides information about TAF data quality by topic and by state and is available at https://www.medicaid.gov/dq-atlas/welcome.

- The **Medicaid and CHIP Beneficiary Profile** and **Medicaid and CHIP At-a-Glance Infographic** provide an overview of the characteristics, health status, access, utilization, expenditures, and experience of Medicaid and CHIP beneficiaries. The latest versions of the profile and infographic, which were published in April 2023, are available at https://www.medicaid.gov/medicaid/quality-of-care/medicaid-chip-data-products/index.html.

For More Information

If you have questions, please contact MACCoreSetReview@mathematica-mpr.com.