

Child and Adult Core Sets Annual Review Workgroup: Measure Suggested for Removal from the 2028 Core Sets

February 2026

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Measure Information Sheet



MEASURE INFORMATION SHEET

CHILD AND ADULT CORE SETS REVIEW WORKGROUP: MEASURES SUGGESTED FOR REMOVAL FROM THE 2028 CORE SETS

Measure Information	
Measure name	Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis: Ages 3 Months to 17 Years (AAB-CH) and Age 18 and Older (AAB-AD)
Description	<p>AAB-CH: Percentage of episodes for beneficiaries ages 3 months to 17 years with a diagnosis of acute bronchitis/bronchiolitis that did not result in an antibiotic dispensing event.</p> <p>AAB-AD: Percentage of episodes for beneficiaries age 18 and older with a diagnosis of acute bronchitis/bronchiolitis that did not result in an antibiotic dispensing event.</p> <p><i>Note: The measure is reported as an inverted rate $[1 - (\text{numerator}/\text{denominator})]$. A higher rate indicates appropriate acute bronchitis/bronchiolitis treatment (e.g., the proportion of episodes that did not result in an antibiotic dispensing event).</i></p>
Measure steward	National Committee for Quality Assurance (NCQA)
Core Set	Both Child and Adult Core Sets
Core Set domain	Care of Acute and Chronic Conditions
Meaningful Measures area	Value, Affordability, and Efficiency
Measure type(s)	Process
Has a new measure been suggested for replacement?	Yes, Antibiotic Utilization for Respiratory Conditions
Use in other CMS programs	<p>The measure is included in the following CMS programs:</p> <ul style="list-style-type: none"> Marketplace Quality Rating System (QRS) Merit-Based Incentive Payment System (MIPS) <p>The measure is also included in the Core Quality Measures Collaborative's Accountable Care Organizations, Patient Centered Medical Homes, and Primary Care Core Set.</p>

2026 Technical Specifications

Ages	<p>AAB-CH: Ages 3 months to 17 years as of the episode date.</p> <p>AAB-AD: Age 18 and older as of the episode date.</p> <p>For the purpose of Adult Core Set reporting, states calculate and report this measure for two age groups: ages 18 to 64 and age 65 and older.</p>
Data collection method(s)	Administrative.
Denominator	<p>AAB-CH: The denominator includes episodes for beneficiaries 3 months to 17 years of age as of the episode date who had an outpatient visit, emergency department (ED) visit, telephone visit, e-visit, or virtual check-in during the intake period (July 1 of the year prior to the measurement year to June 30 of the measurement year) with a diagnosis of acute bronchitis/bronchiolitis.</p> <p>AAB-AD: The denominator includes episodes for beneficiaries 18 years of age and older as of the episode date who had an outpatient visit, ED visit, telephone visit, e-visit, or virtual check-in during the intake period with a diagnosis of acute bronchitis/bronchiolitis.</p> <p>For both AAB-CH and AAB-AD, episodes are removed from the denominator if any of the following conditions are met:</p> <ul style="list-style-type: none"> • The episode results in an inpatient stay. • The beneficiary had a claim/encounter with any diagnosis for a comorbid condition during the 365 days prior to or on the episode date. (Comorbid conditions are identified using the Comorbid Conditions Value Set.) • A new or refill prescription for an antibiotic medication was dispensed 30 days prior to the episode date or was active on the episode date. • The beneficiary had a claim/encounter with a competing diagnosis on or three days after the episode date. (Competing diagnoses are identified using the Pharyngitis Value Set and the Competing Diagnosis Value Set.) <p>If a beneficiary has more than one eligible episode in a 31-day period, include only the first eligible episode.</p>
Numerator	Dispensed prescription for an antibiotic medication from the AAB Antibiotic Medications List on or three days after the episode date.
Exclusions	<p>Exclude beneficiaries who meet either of the following criteria:</p> <ul style="list-style-type: none"> • Beneficiaries who die any time during the measurement year. • Beneficiaries who use hospice services or elect to use a hospice benefit any time during the measurement year.
Continuous enrollment period	30 days prior to the episode date through 3 days after the episode date (34 total days).

2026 Technical Specifications

Allowable gap	No gaps in enrollment during the continuous enrollment period.
Required stratifications	Starting with 2026 Core Sets reporting, states will be required to stratify the Child Core Set measure by race and ethnicity, sex, and geography. States report the Adult Core Set measure by age group (ages 18 to 64 and age 65 and older). Reporting by additional stratification categories (race and ethnicity, sex, and geography) is encouraged, but not required.

Reasons for Removal Noted by Submitter(s)

The individual who suggested the measure for removal suggested a replacement measure, which they believe is a better fit for the Core Sets. For more information on the submitter's rationale for the proposed substitution, please see the Measure Information Sheet for the *Antibiotic Utilization for Respiratory Conditions* measure.

Core Sets Reporting History

Year added to Core Sets	2022 (Adult Core Set) and 2023 (Child Core Set)
Number of states reporting the measure^a	2022 Adult Core Set: 34 states reported the measure (all states reported calculating the measure using Core Set specifications). 2023 Core Sets: 44 states reported the Child Core Set measure and 42 states reported the Adult Core Set measure (all states reported calculating the measures using Core Set specifications). 2024 Core Sets: 52 states reported the Child Core Set measure and 46 states reported the Adult Core Set measure (all states reported calculating the measures using Core Set specifications).
Was the measure publicly reported for the 2024 Core Sets	Yes (see the following pages for 2024 Core Set data)
Is the measure on the Medicaid & CHIP Scorecard?	No

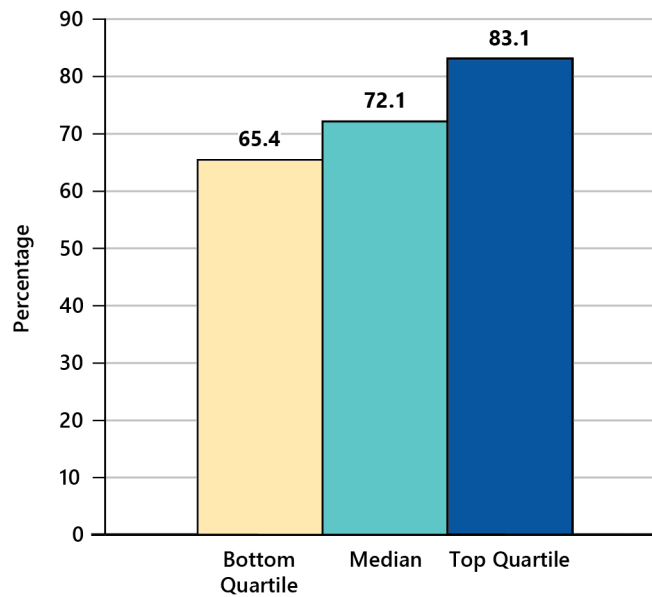
^a In this section of the Measure Information Sheet, the term "states" includes the 50 states, the District of Columbia, Puerto Rico, U.S. Virgin Islands, and Guam.

Core Sets Reporting History

Challenges noted by states in reporting the measure for the 2024 Core Sets	<p>All states reported the measure for 2024 Child Core Set reporting except for the U.S. Virgin Islands and Guam.^b</p> <p>Six states provided reasons for not reporting the measure for 2024 Adult Core Set reporting. Four states indicated that the data were not available due to budget constraints, staff constraints, and information not collected for the adult version of the measure. States also noted:</p> <ul style="list-style-type: none">• Health plans report this measure for HEDIS but the state does not report the measure for Adult Core Set reporting.• The state is focused on reporting mandatory Core Set measures, and reporting voluntary adult measures is secondary to ensuring compliance with the 2024 mandatory reporting deadline.
Summary of prior Workgroup discussions	<p>The removal of this measure has not been discussed previously by the Workgroup. However, the 2022 and 2023 Workgroups discussed and recommended the measure for addition to the Adult and Child Core Sets, respectively.</p>

^b The U.S. Virgin Islands and Guam had a CMS-approved exemption from reporting all mandatory 2024 Core Set measures.

Percentage of Episodes for Beneficiaries with a Diagnosis of Acute Bronchitis/Bronchiolitis that did not Result in an Antibiotic Dispensing Event: Ages 3 Months to 17 Years (AAB-CH), 2024 Core Set (n = 52 states)



Source: Mathematica analysis of the Quality Measure Reporting (QMR) system reports for the Child Core Set for the 2024 reporting cycle as of April 28, 2025. Additional information (including state-specific rates, comments, and data notes) is available for this measure at: <https://www.medicare.gov/medicaid/quality-of-care/core-set-data-dashboard/measure/Avoidance-of-Antibiotic-Treatment-for-Acute-BronchitisBronchiolitis-Ages-3-Months-to-17-Years-AAB-CH?measure=HC.107&dataset=2024&measureView=state&population=999&methodology=999&dataView=pointInTime&chart=map&timePeriods=%5B%222024%22%5D>.

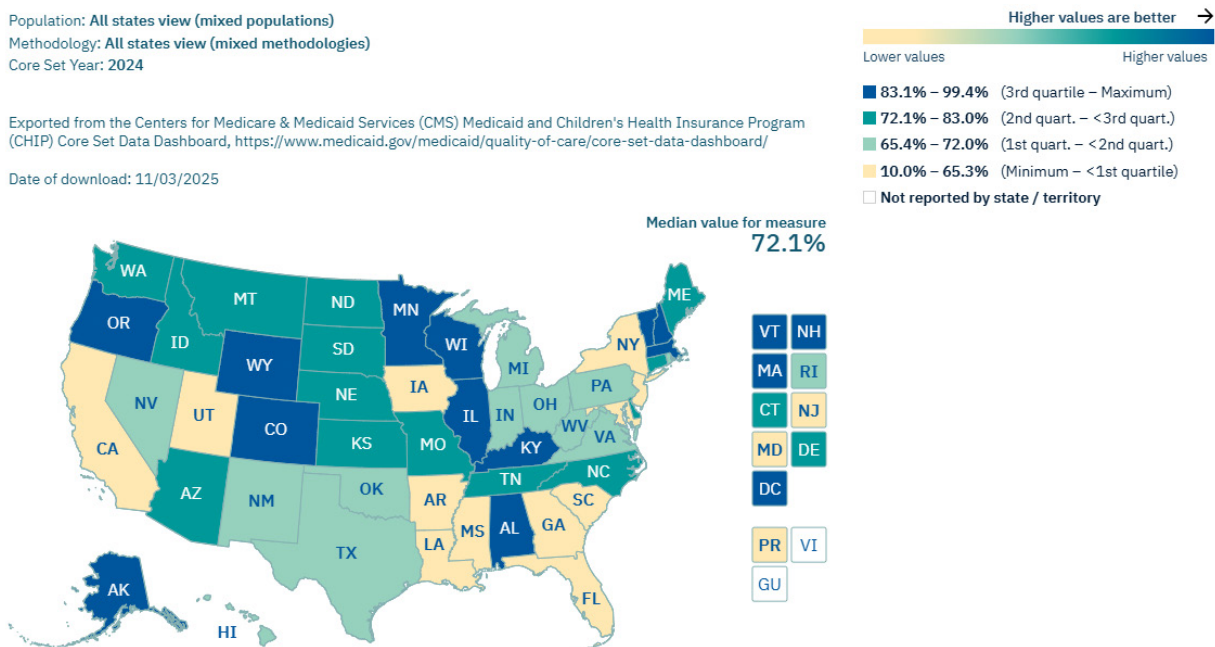
Note: This measure is reported as an inverted rate. A higher rate indicates appropriate acute bronchitis/bronchiolitis treatment (e.g., the proportion of episodes that did not result in an antibiotic dispensing event).

Geographic Variation in the Percentage of Episodes for Beneficiaries with a Diagnosis of Acute Bronchitis/Bronchiolitis that did not Result in an Antibiotic Dispensing Event: Ages 3 Months to 17 Years (AAB-CH), 2024 Core Set (n = 52 states)

Population: All states view (mixed populations)
Methodology: All states view (mixed methodologies)
Core Set Year: 2024

Exported from the Centers for Medicare & Medicaid Services (CMS) Medicaid and Children's Health Insurance Program (CHIP) Core Set Data Dashboard, <https://www.medicaid.gov/medicaid/quality-of-care/core-set-data-dashboard/>

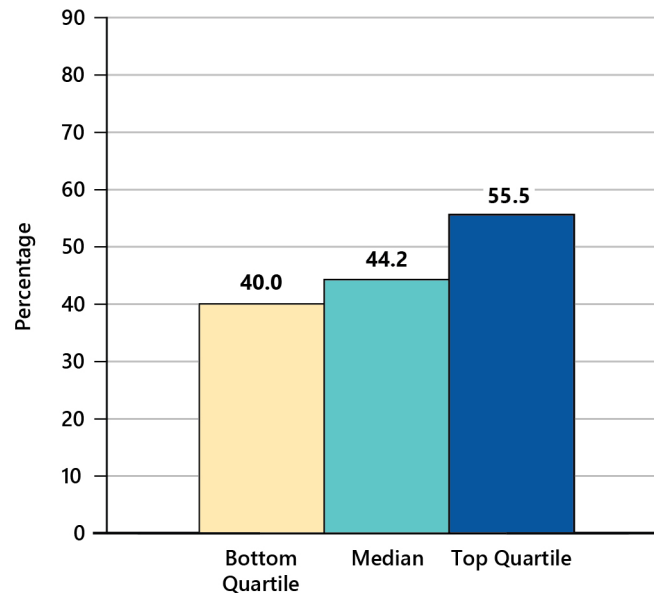
Date of download: 11/03/2025



Source: Mathematica analysis of the QMR system reports for the Child Core Set for the 2024 reporting cycle as of April 28, 2025. Additional information (including state-specific rates, comments, and data notes) is available for this measure at: <https://www.medicaid.gov/medicaid/quality-of-care/core-set-data-dashboard/measure/Avoidance-of-Antibiotic-Treatment-for-Acute-BronchitisBronchiolitis-Ages-3-Months-to-17-Years-AAB-CH?measure=HC.107&dataset=2024&measureView=state&population=999&methodology=999&dataView=pointInTime&chart=map&timePeriods=%5B%222024%22%5D>.

Note: This measure is reported as an inverted rate. A higher rate indicates appropriate acute bronchitis/bronchiolitis treatment (e.g., the proportion of episodes that did not result in an antibiotic dispensing event).

Percentage of Episodes for Beneficiaries with a Diagnosis of Acute Bronchitis/Bronchiolitis that did not Result in an Antibiotic Dispensing Event: Ages 18 to 64 (AAB-AD), 2024 Core Set (n = 46 states)



Source: Mathematica analysis of the QMR system reports for the Adult Core Set for the 2024 reporting cycle as of April 28, 2025. Additional information (including state-specific rates, comments, and data notes) is available for this measure at: <https://www.medicare.gov/medicaid-quality-of-care/core-set-data-dashboard/measure/Avoidance-of-Antibiotic-Treatment-for-Acute-BronchitisBronchiolitis-Age-18-and-Older-AAB-AD?measure=HC.99&dataset=2024&measureView=state&population=999&methodology=999&dataView=pointInTime&chart=map&timePeriods=%5B%222024%22%5D>.

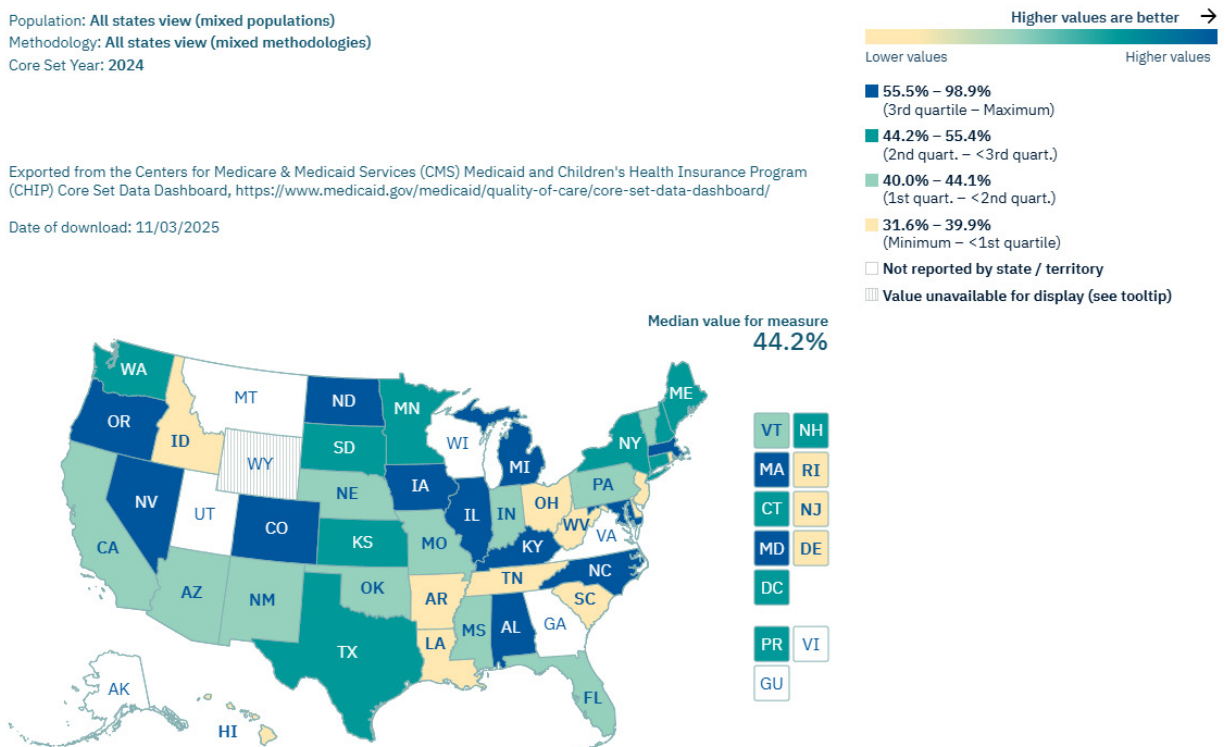
Note: This measure is reported as an inverted rate. A higher rate indicates appropriate acute bronchitis/bronchiolitis treatment (e.g., the proportion of episodes that did not result in an antibiotic dispensing event).

Geographic Variation in the Percentage of Episodes for Beneficiaries with a Diagnosis of Acute Bronchitis/Bronchiolitis that did not Result in an Antibiotic Dispensing Event: Ages 18 to 64 (AAB-AD), 2024 Core Set (n = 46 states)

Population: All states view (mixed populations)
Methodology: All states view (mixed methodologies)
Core Set Year: 2024

Exported from the Centers for Medicare & Medicaid Services (CMS) Medicaid and Children's Health Insurance Program (CHIP) Core Set Data Dashboard, <https://www.medicare.gov/medicaid/quality-of-care/core-set-data-dashboard/>

Date of download: 11/03/2025



Source: Mathematica analysis of the QMR system reports for the Adult Core Set for the 2024 reporting cycle as of April 28, 2025. Additional information (including state-specific rates, comments, and data notes) is available for this measure at: <https://www.medicare.gov/medicaid/quality-of-care/core-set-data-dashboard/measure/Avoidance-of-Antibiotic-Treatment-for-Acute-BronchitisBronchiolitis-Age-18-and-Older-AAB-AD?measure=HC.99&dataset=2024&measureView=state&population=999&methodology=999&dataView=pointInTime&chart=map&timePeriods=%5B%222024%22%5D>.

Notes: This measure is reported as an inverted rate. A higher rate indicates appropriate acute bronchitis/bronchiolitis treatment (e.g., the proportion of episodes that did not result in an antibiotic dispensing event).

Wyoming's rate is suppressed. Data cannot be displayed per CMS's cell-size suppression policy, which prohibits the direct reporting of data for beneficiary and record counts of 1 to 10 and values from which users can derive values of 1 to 10.

Appendix

Comparison of Paired Antibiotic Utilization Measures: AAB-CH/AD and AXR

	Suggested for Removal: Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis: Ages 3 Months to 17 Years (AAB-CH) and Age 18 and Older (AAB-AD)	Suggested for Addition: Antibiotic Utilization for Respiratory Conditions (AXR)
Measure description	<p>The percentage of episodes for persons ages 3 months to 17 years (AAB-CH) or age 18 and older (AAB-AD) with a diagnosis of acute bronchitis/bronchiolitis that did not result in an antibiotic dispensing event.</p> <p><i>Note: This measure is reported as an inverted rate $[1 - (\text{numerator}/\text{denominator})]$. A higher rate indicates appropriate acute bronchitis/bronchiolitis treatment (e.g., the proportion for episodes that did not result in an antibiotic dispensing event).</i></p>	<p>The percentage of episodes for persons three months of age and older with a diagnosis of a respiratory condition that resulted in an antibiotic dispensing event.</p> <p><i>Note: This measure is designed to capture the frequency of antibiotic utilization for respiratory conditions. Organizations should use this information for internal evaluation only. NCQA (the measure steward) does not view higher or lower service counts as indicating better or worse performance.</i></p>
Measure steward	National Committee for Quality Assurance (NCQA)	National Committee for Quality Assurance (NCQA)
Ages	Three months of age and older as of the episode date.	Three months of age and older as of the episode date.
Data collection method(s)	Administrative.	Administrative.
Denominator	The denominator includes episodes for persons three months to 17 years of age (AAB-CH) or persons 18 years of age and older (AAB-AD) as of the episode date who had an outpatient visit, emergency department (ED) visit, telephone visit, e-visit, or virtual check-in during the intake period (July 1 of the year prior to the measurement period to June 30 of the measurement period) with a diagnosis of acute bronchitis/bronchiolitis.	The denominator includes episodes for persons three months of age and older as of the episode date who had an outpatient visit, emergency department (ED) visit, telephone visit, e-visit, or virtual check-in during the intake period (July 1 of the year prior to the measurement period to June 30 of the measurement period) with a diagnosis of a respiratory condition.

	Suggested for Removal: Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis: Ages 3 Months to 17 Years (AAB-CH) and Age 18 and Older (AAB-AD)	Suggested for Addition: Antibiotic Utilization for Respiratory Conditions (AXR)
Denominator <i>(continued)</i>	<p>Episodes are removed from the denominator if any of the following conditions are met:</p> <ul style="list-style-type: none"> • The episode results in an inpatient stay. • The person had a claim/encounter with any diagnosis for a comorbid condition during the 365 days prior to or on the episode date. (Comorbid conditions are identified using the “Comorbid Conditions Value Set.”) • A new or refill prescription for an antibiotic medication was dispensed 30 days prior to the episode date or was active on the episode date. • The person had a claim/encounter with a competing diagnosis on or three days after the episode date. (Competing diagnoses are identified using the “Pharyngitis Value Set” and the “Competing Diagnosis Value Set.”) <p>If a person has more than one eligible episode in a 31-day period, include only the first eligible episode.</p>	<p>Episodes are removed from the denominator if any of the following conditions are met:</p> <ul style="list-style-type: none"> • The episode results in an inpatient stay. • The person had a claim/encounter with any diagnosis for a comorbid condition during the 365 days prior to or on the episode date. (Comorbid conditions are identified using the “Comorbid Conditions Value Set.”) • A new or refill prescription for an antibiotic medication was dispensed 30 days prior to the episode date or was active on the episode date. • The person had a claim/encounter with a competing diagnosis on or three days after the episode date. (Competing diagnoses are identified using the “Antibiotic Utilization for Respiratory Conditions [AXR] Competing Diagnosis Value Set.”) <p>If a person has more than one eligible episode in a 31-day period, include only the first eligible episode.</p>
Numerator	<p>Dispensed prescription for an antibiotic medication from the “AAB Antibiotic Medications List” on or three days after the episode date.</p>	<p>Dispensed prescription for an antibiotic medication from the “AXR Antibiotic Medications List” on or three days after the episode date.</p> <p><i>Note: In the HEDIS® Measurement Year 2026 specifications, the only difference between the AAB and AXR Antibiotic Medications Lists was that the AXR list included one additional medication not included on the AAB list: telavancin.</i></p>

	Suggested for Removal: Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis: Ages 3 Months to 17 Years (AAB-CH) and Age 18 and Older (AAB-AD)	Suggested for Addition: Antibiotic Utilization for Respiratory Conditions (AXR)
Exclusions	<p>Exclude persons who meet either of the following criteria:</p> <ul style="list-style-type: none"> Persons who die during the measurement period. Persons who use hospice services or elect to use a hospice benefit during the measurement period. 	<p>Exclude persons who meet either of the following criteria:</p> <ul style="list-style-type: none"> Persons who die during the measurement period. Persons who use hospice services or elect to use a hospice benefit during the measurement period.
Reported rates	<p>Three age stratifications are reported for the Child and Adult Core Sets:</p> <ul style="list-style-type: none"> Ages 3 months to 17 years (AAB-CH) Ages 18 to 64 (AAB-AD) Age 65 and older (AAB-AD) 	<p>The measure specifications include three age stratifications and a total rate for the Medicaid population:</p> <ul style="list-style-type: none"> Ages 3 months to 17 years Ages 18 to 64 Age 65 and older Total (age 3 months and older)
Evidence of performance	<p>For 2024 Core Sets reporting (HEDIS Measurement Year 2023), 52 states reported the Child Core Set measure and 46 states reported the Adult Core Set measure using Core Set specifications. Among states reporting the Child Core Set measure, the median performance rate was 72.1 percent, with rates ranging from 65.4 percent to 83.1 percent. Among states reporting the Adult Core Set measure, the median performance rate was 44.2 percent, with rates ranging from 40.0 percent to 55.5 percent.</p> <p><i>Note that this measure is an inverted rate, with higher rates indicating more appropriate acute bronchitis/bronchiolitis treatment (e.g., episodes that did not result in an antibiotic dispensing event).</i></p>	<p>For HEDIS Measurement Year 2023, the national average antibiotic utilization rate for the <i>Antibiotic Utilization for Respiratory Conditions</i> measure for the total rate (age 3 months and older) was 26.1 percent for Medicaid health maintenance organizations (HMO).^a</p> <p><i>Note that the measure steward does not view higher or lower performance rates as indicating better or worse performance.</i></p>

Sources: Measure Information Sheets prepared by Mathematica for the 2028 Child and Adult Core Sets Annual Review and HEDIS Measurement Year 2026 Volume 2: Technical Specifications for Health Plans.

^a Antibiotic Utilization for Respiratory Conditions (AXR). NCQA. <https://www.ncqa.org/report-cards/health-plans/state-of-health-care-quality-report/antibiotic-utilization-for-respiratory-conditions-axr/>.