

Core Set of Children's Health Care Quality Measures for Medicaid and CHIP (Child Core Set), 2010–2024

CMIT #*	Measure Steward	Measure Name	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Primary Care Access and Preventive Care																	
760	NCQA	Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC-CH) ^a	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
128	NCQA	Chlamydia Screening in Women Ages 16 to 20 (CHL-CH)	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
124	NCQA	Childhood Immunization Status (CIS-CH)	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
761	NCQA	Well-Child Visits in the First 30 Months of Life (W30-CH) ^b	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
363	NCQA	Immunizations for Adolescents (IMA-CH)	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
1003	OHSU	Developmental Screening in the First Three Years of Life (DEV-CH)	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
24	NCQA	Child and Adolescent Well-Care Visits (WCV-CH) ^c	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
359	NCQA	Human Papillomavirus Vaccine for Female Adolescents (HPV-CH) ^d	--	--	--	X	X	X	X	--	--	--	--	--	--	--	--
24	NCQA	Adolescent Well-Care Visits (AWC-CH) ^c	X	X	X	X	X	X	X	X	X	X	X	--	--	--	--
125	NCQA	Child and Adolescents' Access to Primary Care Practitioners (CAP-CH) ^e	X	X	X	X	X	X	X	X	X	X	--	--	--	--	--
1775	NCQA	Lead Screening in Children (LSC-CH) ^f	--	--	--	--	--	--	--	--	--	--	--	--	--	X	X
Maternal and Perinatal Health																	
460	CDC	Pediatric Central Line-Associated Bloodstream Infections (CLABSI-CH) ^g	X	X	X	X	X	X	X	X	X	X	--	--	--	--	--
508	TJC	PC-02: Cesarean Birth (PC02-CH) ^h	X	X	X	X	X	X	X	X	X	X	X	--	--	--	--

CMIT #*	Measure Steward	Measure Name	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
83	CDC	Audiological Diagnosis No Later Than 3 Months of Age (AUD-CH) ⁱ	--	--	--	--	--	--	X	X	X	X	X	X	--	--	--
413	CDC/NCHS	Live Births Weighing Less Than 2,500 Grams (LBW-CH) ^j	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
272	NCQA	Frequency of Ongoing Prenatal Care (FPC-CH) ^k	X	X	X	X	X	X	X	X	--	--	--	--	--	--	--
581	NCQA	Prenatal and Postpartum Care: Timeliness of Prenatal Care (PPC-CH) ^l	X	X	X	X	X	X	X	X	X	X	X	X	X	X	--
581	NCQA	Prenatal and Postpartum Care: Under Age 21 (PPC2-CH) ^l	--	--	--	--	--	--	--	--	--	--	--	--	--	--	X
166	OPA	Contraceptive Care – Postpartum Women Ages 15 to 20 (CCP-CH) ^m	--	--	--	--	--	--	--	X	X	X	X	X	X	X	X
1002	OPA	Contraceptive Care – All Women Ages 15 to 20 (CCW-CH) ⁿ	--	--	--	--	--	--	--	--	X	X	X	X	X	X	X
1137	No current measure steward	Behavioral Health Risk Assessment (for Pregnant Women) (BHRA-CH) ^o	--	--	--	X	X	X	X	X	--	--	--	--	--	--	--
508	CDC/NCHS	Low-Risk Cesarean Delivery (LRCD-CH) ^h	--	--	--	--	--	--	--	--	--	--	--	X	X	X	X
Care of Acute and Chronic Conditions																	
72	NCQA	Appropriate Testing for Children with Pharyngitis (CWP-CH) ^p	X	X	X	X	--	--	--	--	--	--	--	--	--	--	--
84	NCQA	Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis: Ages 3 Months to 17 Years (AAB-CH) ^q	--	--	--	--	--	--	--	--	--	--	--	--	--	X	X
NA	NCQA	Annual Pediatric Hemoglobin A1C Testing (PA1C-CH) ^r	X	X	X	X	--	--	--	--	--	--	--	--	--	--	--
486	AAOH-HNSF	Otitis Media with Effusion – Avoidance of Inappropriate Systemic Antimicrobials in Children: Ages 2 to 12 (OME-CH) ^s	X	X	X	--	--	--	--	--	--	--	--	--	--	--	--

CMIT #*	Measure Steward	Measure Name	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
NA	Alabama Medicaid	Annual Percentage of Asthma Patients 2 Through 20 Years Old with One of More Asthma-Related Emergency Room Visits (ASMER-CH) ^t	X	X	X	X	--	--	--	--	--	--	--	--	--	--	--
439	NCQA	Medication Management for People with Asthma (MMA-CH) ^u	--	--	--	X	X	X	X	X	--	--	--	--	--	--	--
80	NCQA	Asthma Medication Ratio: Ages 5 to 18 (AMR-CH) ^u	--	--	--	--	--	--	--	--	X	X	X	X	X	X	X
49	NCQA	Ambulatory Care: Emergency Department (ED) Visits (AMB-CH)	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
Behavioral Health Care																	
271	NCQA	Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication (ADD-CH)	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
672	CMS	Screening for Depression and Follow-Up Plan: Ages 12 to 17 (CDF-CH) ^v	--	--	--	--	--	--	--	--	X	X	X	X	X	X	X
268	NCQA	Follow-Up After Hospitalization for Mental Illness: Ages 6 to 17 (FUH-CH) ^w	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X
122	PCPI	Child and Adolescent Major Depressive Disorder: Suicide Risk Assessment (SRA-CH) ^x	--	--	--	--	--	X	X	X	--	--	--	--	--	--	--
448	NCQA	Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM-CH) ^y	--	--	--	--	--	--	--	--	--	--	X	X	X	X	X
743	NCQA	Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP-CH) ^z	--	--	--	--	--	--	--	X	X	X	X	X	X	X	X

CMIT #*	Measure Steward	Measure Name	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
264	NCQA	Follow-Up After Emergency Department Visit for Substance Use: Ages 13 to 17 (FUA-CH) ^{aa}	--	--	--	--	--	--	--	--	--	--	--	--	X	X	X
265	NCQA	Follow-Up After Emergency Department Visit for Mental Illness: Ages 6 to 17 (FUM-CH) ^{aa}	--	--	--	--	--	--	--	--	--	--	--	--	X	X	X
911	NCQA	Use of Multiple Concurrent Antipsychotics in Children and Adolescents (APC-CH) ^y	--	--	--	--	--	--	X	X	X	X	--	--	--	--	--
Dental and Oral Health Services																	
189	DQA (ADA)	Dental Sealants for 6–9 Year-Old Children at Elevated Caries Risk (SEAL-CH) ^{bb}	--	--	--	--	--	X	X	X	X	X	X	--	--	--	--
897	DQA (ADA)	Oral Evaluation, Dental Services (OEV-CH) ^{cc}	--	--	--	--	--	--	--	--	--	--	--	--	X	X	X
1672	DQA (ADA)	Topical Fluoride for Children (TFL-CH) ^{cc}	--	--	--	--	--	--	--	--	--	--	--	--	X	X	X
535	CMS	Percentage of Eligibles Who Received Preventive Dental Services (PDENT-CH) ^{cc}	X	X	X	X	X	X	X	X	X	X	X	X	--	--	--
NA	CMS	Percentage of Eligibles That Received Dental Treatment Services (TDENT-CH) ^{dd}	X	X	X	X	X	--	--	--	--	--	--	--	--	--	--
830	DQA (ADA)	Sealant Receipt on Permanent First Molars (SFM-CH) ^{ee}	--	--	--	--	--	--	--	--	--	--	--	X	X	X	X
Experience of Care																	
151	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) ^{ff}	X	X	X	X	X	X	X	X	X	X	X	X	X	X	X

X = Included in Child Core Set; -- = Not Included in Child Core Set.

AAO-HNSF = American Academy of Otolaryngology-Head and Neck Surgery; AMA = American Medical Association; CDC = Centers for Disease Control and Prevention; CMIT = CMS Measures Inventory Tool; CMS = Centers for Medicare & Medicaid Services; DQA (ADA) = Dental Quality Alliance (American Dental Association); NCHS = National Center for Health Statistics; NA = Measure is retired from the Core Set and not in CMIT; NCQA = National Committee for Quality Assurance; OHSU = Oregon Health and Science University; OPA = U.S. Office of Population Affairs; PCPI = Physician Consortium for Performance Improvement; TJC = The Joint Commission.

More information on Updates to the 2023 and 2024 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>.

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.

* 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://cmitt.cms.gov/cmilt/>. A public access quick start guide for CMIT is available at <https://cmitt.cms.gov/cmilt/assets/CMIT-QuickStartPublicAccess.pdf>.

^a The Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents measure was modified for the 2020 Child Core Set. CMS added the Counseling for Nutrition and Counseling for Physical Activity components to this measure for the 2020 Child Core Set. Prior Core Sets included only the Body Mass Index (BMI) Percentile Documentation component.

^b The Well-Child Visits in the First 15 Months of Life (W15-CH) measure was modified by the measure steward. It now includes two rates: (1) six or more well-child visits in the first 15 months and (2) two or more well-child visits from 15 to 30 months.

^c The Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life (W34-CH) and Adolescent Well-Care Visits (AWC-CH) measures were modified by the measure steward into a combined measure that includes rates for Ages 3 to 11, 12 to 17, 18 to 21, and a total rate.

^d The stand-alone HPV Vaccine for Female Adolescents measure was retired by the measure steward and added as a rate to the Immunizations for Adolescents measure beginning with the 2017 Child Core Set.

^e The Child and Adolescents' Access to Primary Care Practitioners measure was retired from the 2020 Child Core Set because it is more of a utilization measure than a quality measure, with high rates for most age ranges resulting in a limited ability for states to take action on the results.

^f The Lead Screening in Children measure was added to the 2023 Child Core Set to improve the understanding of the health disparities experienced by Medicaid and CHIP beneficiaries as children who live in low-income households are at higher risk of lead exposure. It also complements efforts to improve blood lead screening rates for children in Medicaid.

^g The Pediatric Central Line-Associated Bloodstream Infections measure was retired from the 2020 Child Core Set because the measure is reported by hospitals directly to the CDC, and therefore state Medicaid and CHIP programs have had limited ability to take action on the results.

^h The California Maternal Quality Care Collaborative Cesarean Rate for Nulliparous Singleton Vertex measure was replaced by The Joint Commission PC-02: Cesarean Birth measure beginning with the 2014 Child Core Set. The PC-02: Cesarean Birth measure was replaced in the 2021 Child Core Set with the Low-Risk Cesarean Delivery (LRCD-CH) measure. To reduce state burden and report a cesarean birth measure consistently across all states, CMS will calculate the LRCD-CH measure on behalf of states using National Vital Statistics System Natality data that are submitted by states and obtained through CDC Wide-ranging Online Data for Epidemiologic Research (CDC WONDER) starting in FFY 2021.

ⁱ The Audiological Diagnosis No Later Than 3 Months of Age measure was added to the 2016 Child Core Set due to opportunities for quality improvement on the measure and its alignment with the electronic health record incentive program. The measure was retired from the 2022 Child Core Set due to state-reported challenges in reporting.

^j The Live Births Weighing Less Than 2,500 Grams measure was modified for the 2021 Core Set. To reduce burden on states and increase the feasibility of assessing performance across all states, CMS will calculate the measure on behalf of states starting in FFY 2021 using National Vital Statistics System Natality data that are submitted by states and obtained through CDC WONDER.

^k The Frequency of Ongoing Prenatal care measure was retired from the 2018 Child Core Set because it does not assess the content of the prenatal care visit.

^l Starting with the 2024 Core Set, the Prenatal and Postpartum Care measure in the Child and Adult Core Sets includes both the prenatal and postpartum care rates. For the Child Core Set, the rates are reported for beneficiaries under age 21. For the Adult Core Set, the rates are reported for beneficiaries age 21 and older.

^m The Contraceptive Care – Postpartum Women Ages 15 to 20 measure was added to the 2017 Child Core Set because it measures the provision of contraception to mothers in the postpartum period, which can help women space pregnancies to their desired interpregnancy interval and help to improve future birth outcomes.

ⁿ The Contraceptive Care – All Women Ages 15 to 20 measure was added to the 2018 Child Core Set to assess access to contraceptive care, which has an important role in promoting health equity.

^o The Behavioral Health Risk Assessment (for Pregnant Women) measure was removed from the 2018 Child Core Set due to implementation and data collection challenges. AMA-PCPI was the measure steward for the 2013-2016 Child Core Sets; the measure had no steward for the 2017 Child Core Set.

^p The Appropriate Testing for Children with Pharyngitis measure was retired from the 2014 Child Core Set because the clinical evidence for the measure was obsolete.

- ^q The Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis: Ages 3 Months to 17 Years measure was added to the 2023 Child Core Set to support efforts to promote antibiotic stewardship and create further alignment across the Core Sets.
- ^r The Annual Pediatric Hemoglobin A1C Testing measure was retired from the 2014 Child Core Set because it affects a small number of children, has a weak evidence base, and was approaching the improvement ceiling.
- ^s The Otitis Media with Effusion – Avoidance of Inappropriate Systemic Antimicrobials in Children (ages 2 to 12) measure was retired from the 2013 Child Core Set because of significant state reporting challenges. The measure was not collected by CMS for the 2012 Child Core Set. AMA-PCPI was the measure steward for the 2010-2012 Child Core Sets.
- ^t The Annual Percentage of Asthma Patients 2 Through 20 Years Old with One or More Asthma-Related Emergency Room Visits measure was retired from the 2014 Child Core Set due to data quality concerns and lack of an active measure steward.
- ^u Beginning with the 2018 Child Core Set, the Asthma Medication Ratio: Ages 5 to 18 measure replaces the Medication Management for People with Asthma measure, which was included in the 2013-2017 Child Core Sets.
- ^v The Screening for Depression and Follow-Up Plan: Ages 12 to 17 measure was added to the 2018 Child Core Set to align with the Adult Core Set and replaced the Child and Adolescent Major Depressive Disorder: Suicide Risk Assessment measure as a broader measure of behavioral health.
- ^w The age group for the Follow-Up After Hospitalization for Mental Illness measure changed from ages 6 to 20 to ages 6 to 17 for the 2019 Child Core Set.
- ^x The Child and Adolescent Major Depressive Disorder: Suicide Risk Assessment measure was added to the 2015 Child Core Set to target a high prevalence mental health condition that has severe consequences without appropriate treatment. The measure was removed from the 2018 Child Core Set because of the need for a broader measure of behavioral health.
- ^y The Use of Multiple Concurrent Antipsychotics in Children and Adolescents measure was added to the 2016 Child Core Set to target inappropriate prescribing of antipsychotic medications, which may have adverse health effects. The measure was retired from the 2020 Child Core Set because it was retired by the measure steward. It was replaced by the Metabolic Monitoring for Children and Adolescents on Antipsychotics measure, which was added to the 2020 Child Core Set to monitor medication safety for children on psychotropic medications by identifying any gaps in their metabolic follow-up.
- ^z The Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics measure was added to the 2017 Child Core Set to promote the use of nonpharmacologic, evidence-informed approaches to the treatment of mental and behavioral health problems of Medicaid and CHIP insured children on psychotropic medications.
- ^{aa} The Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence: Ages 13 to 17 and Follow-up After Emergency Department Visit for Mental Illness: Ages 6 to 17 measures were added to the 2022 Child Core Set to address a gap in quality of care for adolescents diagnosed with substance use disorder, allow for comparative analyses across various populations, and allow health systems to identify opportunities for care coordination. These measures are currently being reported as part of the Adult Core Set and the addition of these measures to the Child Core Sets creates further alignment across the Core Sets. For the 2023 Child Core Set, the Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence measure was renamed as Follow-Up After Emergency Department Visit for Substance Use.
- ^{bb} The Dental Sealants for 6–9 Year-Old Children at Elevated Caries Risk measure was added to the 2015 Child Core Set because it is linked to improved oral health outcomes and responds to a legislative mandate to measure the use of dental sealants in this age group. The measure was removed from the 2021 Child Core Set because it was retired by the measure steward.
- ^{cc} The Percentage of Eligibles Who Received Preventive Dental Services measure was retired from the 2022 Child Core Set. In recognition of the importance of oral health to overall health, CMS replaced it with two measures: Oral Evaluation, Dental Services and Topical Fluoride for Children. The Topical Fluoride for Children measure has three rates corresponding to topical fluoride applications provided as (1) dental OR oral health services, (2) dental services, or (3) oral health services.
- ^{dd} The Percentage of Eligibles That Received Dental Treatment Services measure was retired from the 2015 Child Core Set because it is not an effective tool for quality improvement; it is unclear if an increase or a decrease in the rate is desirable, and therefore the results are not actionable.
- ^{ee} The Sealant Receipt on Permanent First Molars measure was added to the 2021 Child Core Set to provide data on the percentage of children who have ever received sealants on permanent first molar teeth by their 10th birthday. This measure replaces the SEAL-CH measure.
- ^{ff} AHRQ is the measure steward for the survey instrument in the Child Core Set and NCQA is the developer of the survey administration protocol.

Core Set of Adult Health Care Quality Measures for Medicaid (Adult Core Set), 2013–2024

CMIT #*	Measure Steward	Measure Name	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
Primary Care Access and Preventive Care														
118	NCQA	Cervical Cancer Screening (CCS-AD)	X	X	X	X	X	X	X	X	X	X	X	X
128	NCQA	Chlamydia Screening in Women Ages 21 to 24 (CHL-AD)	X	X	X	X	X	X	X	X	X	X	X	X
139	NCQA	Colorectal Cancer Screening (COL-AD) ^a	--	--	--	--	--	--	--	--	--	X	X	X
259	NCQA	Flu Vaccinations for Adults Ages 18 to 64 (FVA-AD) ^b	X	X	X	X	X	X	X	X	X	X	X	--
93	NCQA	Breast Cancer Screening (BCS-AD)	X	X	X	X	X	X	X	X	X	X	X	X
25	NCQA	Adult Body Mass Index Assessment (ABA-AD) ^c	X	X	X	X	X	X	X	X	--	--	--	--
Maternal and Perinatal Health														
229	TJC	PC-01: Elective Delivery (PC01-AD) ^d	X	X	X	X	X	X	X	X	X	--	--	--
1135	TJC	PC-03: Antenatal Steroids (PC03-AD) ^e	X	X	X	X	X	X	--	--	--	--	--	--
581	NCQA	Prenatal and Postpartum Care: Postpartum Care (PPC-AD) ^f	X	X	X	X	X	X	X	X	X	X	X	--
581	NCQA	Prenatal and Postpartum Care: Age 21 and Older (PPC2-AD) ^f	--	--	--	--	--	--	--	--	--	--	--	X
166	OPA	Contraceptive Care – Postpartum Women Ages 21 to 44 (CCP-AD) ^g	--	--	--	--	X	X	X	X	X	X	X	X
1002	OPA	Contraceptive Care – All Women Ages 21 to 44 (CCW-AD) ^h	--	--	--	--	--	X	X	X	X	X	X	X
Care of Acute and Chronic Conditions														
167	NCQA	Controlling High Blood Pressure (CBP-AD)	X	X	X	X	X	X	X	X	X	X	X	X
NA	NCQA	Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Testing (HA1C-AD) ⁱ	X	X	X	X	X	X	X	--	--	--	--	--
84	NCQA	Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis: Age 18 and Older (AAB-AD) ^j	--	--	--	--	--	--	--	--	--	X	X	X
148	NCQA	Hemoglobin A1c Control for Patients With Diabetes (HBD-AD) ^k	--	--	X	X	X	X	X	X	X	X	X	X
NA	NCQA	Comprehensive Diabetes Care: LDL-C Screening (LDL-AD) ^l	X	X	--	--	--	--	--	--	--	--	--	--
577	AHRQ	PQI 01: Diabetes Short-Term Complications Admission Rate (PQI01-AD)	X	X	X	X	X	X	X	X	X	X	X	X

CMIT #*	Measure Steward	Measure Name	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
578	AHRQ	PQI 05: Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults Admission Rate (PQI05-AD)	X	X	X	X	X	X	X	X	X	X	X	X
579	AHRQ	PQI 08: Heart Failure Admission Rate (PQI08-AD)	X	X	X	X	X	X	X	X	X	X	X	X
580	AHRQ	PQI 15: Asthma in Younger Adults Admission Rate (PQI15-AD)	X	X	X	X	X	X	X	X	X	X	X	X
NA	NCQA	Annual HIV/AIDS Medical Visit (HIV-AD) ^m	X	--	--	--	--	--	--	--	--	--	--	--
561	NCQA	Plan All-Cause Readmissions (PCR-AD)	X	X	X	X	X	X	X	X	X	X	X	X
80	NCQA	Asthma Medication Ratio: Ages 19 to 64 (AMR-AD) ⁿ	--	--	--	--	--	X	X	X	X	X	X	X
325	HRSA	HIV Viral Load Suppression (HVL-AD) ^m	--	X	X	X	X	X	X	X	X	X	X	X
59	NCQA	Annual Monitoring for Patients on Persistent Medications (MPM-AD) ^o	X	X	X	X	X	X	X	--	--	--	--	--
748	PQA	Use of Opioids at High Dosage in Persons Without Cancer (OHD-AD) ^p	--	--	--	X	X	X	X	X	X	X	X	X
150	PQA	Concurrent Use of Opioids and Benzodiazepines (COB-AD) ^q	--	--	--	--	--	X	X	X	X	X	X	X
Behavioral Health Care														
394	NCQA	Initiation and Engagement of Substance Use Disorder Treatment (IET-AD) ^r	X	X	X	X	X	X	X	X	X	X	X	X
432	NCQA	Medical Assistance with Smoking and Tobacco Use Cessation (MSC-AD)	X	X	X	X	X	X	X	X	X	X	X	X
63	NCQA	Antidepressant Medication Management (AMM-AD)	X	X	X	X	X	X	X	X	X	X	X	X
672	CMS	Screening for Depression and Follow-Up Plan: Age 18 and Older (CDF-AD)	X	X	X	X	X	X	X	X	X	X	X	X
268	NCQA	Follow-Up After Hospitalization for Mental Illness: Age 18 and Older (FUH-AD) ^s	X	X	X	X	X	X	X	X	X	X	X	X
202	NCQA	Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD-AD) ^p	--	--	--	X	X	X	X	X	X	X	X	X
196	NCQA	Diabetes Care for People with Serious Mental Illness: Hemoglobin A1c (HbA1c) Poor Control (>9.0%) (HPCMI-AD) ^t	--	--	--	--	X	X	X	X	X	X	X	X
750	CMS	Use of Pharmacotherapy for Opioid Use Disorder (OUD-AD) ^u	--	--	--	--	--	--	--	X	X	X	X	X

CMIT #*	Measure Steward	Measure Name	2013	2014	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024
264	NCQA	Follow-Up After Emergency Department Visit for Substance Use: Age 18 and Older (FUA-AD) ^v	--	--	--	--	X	X	X	X	X	X	X	X
265	NCQA	Follow-Up After Emergency Department Visit for Mental Illness: Age 18 and Older (FUM-AD) ^v	--	--	--	--	X	X	X	X	X	X	X	X
18	NCQA	Adherence to Antipsychotic Medications for Individuals with Schizophrenia (SAA-AD) ^w	X	X	X	X	X	X	X	X	X	X	X	X
Care Coordination														
NA	AMA-PCPI	Timely Transmission of Transition Record (Discharges from an Inpatient Facility to Home/Self Care or Any Other Site of Care) (CTR-AD) ^x	X	X	X	X	--	--	--	--	--	--	--	--
Experience of Care														
152	AHRQ	Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Health Plan Survey 5.1H, Adult Version (Medicaid) (CPA-AD) ^y	X	X	X	X	X	X	X	X	X	X	X	X
Long-Term Services and Supports														
961	NCQA	Long-Term Services and Supports Comprehensive Care Plan and Update (CPU-AD) ^z	--	--	--	--	--	--	--	--	--	--	X	X
457	NASDDDS/HSRI	National Core Indicators Survey (NCIIDD-AD) ^{aa}	--	--	--	--	--	--	--	X	X	X	X	X

X = Included in Adult Core Set; -- = Not Included in Adult Core Set.

AHRQ = Agency for Healthcare Research & Quality; AMA-PCPI = American Medical Association-Physician Consortium for Performance Improvement; CMIT = CMS Measures Inventory Tool; CMS = Centers for Medicare & Medicaid Services; HRSA = Health Resources and Services Administration; HSRI = Human Services Research Institute; NASDDDS = National Association of State Directors of Developmental Disabilities Service; NA = Measure is retired from the Core Set and not in CMIT; NCQA = National Committee for Quality Assurance; OPA = U.S. Office of Population Affairs; PQA = Pharmacy Quality Alliance; TJC = The Joint Commission.

More information on Updates to the 2023 and 2024 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>.

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.

* The CMS Measures Inventory Tool (CMIT) is the repository of record for information about the measures that CMS uses to promote healthcare 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>.

^a The Colorectal Cancer Screening measure was added to the 2022 Adult Core Set to assess appropriate receipt of colorectal cancer screenings.

^b The Flu Vaccinations for Adults Ages 18 to 64 measure was retired from the 2024 Adult Core Set because it was retired by the measure steward.

^c The Adult Body Mass Index Assessment measure was retired from the 2021 Adult Core Set because it was retired by the measure steward.

- ^d The PC-01: Elective Delivery measure was retired from the 2022 Adult Core Set due to state-reported challenges in reporting.
- ^e The PC-03: Antenatal Steroids measure was retired from the 2019 Adult Core Set due to the low number of states reporting this measure and the challenges states have reported in collecting it.
- ^f Starting with the 2024 Core Set, the Prenatal and Postpartum Care measure in the Child and Adult Core Sets includes both the prenatal and postpartum care rates. For the Child Core Set, the rates are reported for beneficiaries under age 21. For the Adult Core Set, the rates are reported for beneficiaries age 21 and older.
- ^g The Contraceptive Care – Postpartum Women Ages 21 to 44 measure was added to the 2017 Adult Core Set because it measures the provision of contraception to mothers in the postpartum period, which can help women space pregnancies to their desired interpregnancy interval and help to improve future birth outcomes.
- ^h The Contraceptive Care – All Women Ages 21 to 44 measure was added to the 2018 Adult Core Set to assess access to contraceptive care, which has an important role in promoting health equity.
- ⁱ The Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Testing measure was retired from the 2020 Adult Core Set because there is another publicly reported diabetes measure on the Adult Core Set, Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9 percent), which is an outcome measures that also assesses whether testing is being conducted.
- ^j The Avoidance of Antibiotic Treatment With Acute Bronchitis/Bronchiolitis measure was added to the 2022 Adult Core Set to assess inappropriate use of antibiotics.
- ^k For the 2023 Adult Core Set, the Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9.0%) (HPC-AD) measure was modified by the measure steward into a combined measure that has two rates: HbA1C Control (<8%) and HbA1C Poor Control (>9%). The combined measure is called Hemoglobin A1c Control for Patients With Diabetes (HBD-AD).
- ^l The Comprehensive Diabetes Care: LDL-C Screening measure was replaced by the Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control (>9.0%) measure beginning with the 2015 Adult Core Set. The Comprehensive Diabetes Care: LDL-C Screening measure was retired from the Adult Core Set because clinical guidelines underpinning this measure were in flux and because NCQA removed it from HEDIS 2015. The Comprehensive Diabetes Care: Hemoglobin A1c Poor Control (>9.0%) measure addresses the prevalent condition of diabetes and facilitates state efforts to drive quality improvement on the risk factor of poor HbA1c control.
- ^m The Annual HIV Medical Visit measure was replaced by the HIV Viral Load Suppression measure beginning with the 2014 Adult Core Set. The HIV Viral Load Suppression measure is a regularly collected clinical indicator that is predictive of overall outcomes.
- ⁿ The Asthma Medication Ratio: Ages 19 to 64 measure was added to the 2018 Adult Core Set and aligns with changes made to the 2018 Child Core Set.
- ^o The Annual Monitoring for Patients on Persistent Medications measure was retired from the 2020 Adult Core Set because it was retired by the measure steward.
- ^p Two measures focused on quality of care for adults with substance use disorders and/or mental health disorders were added to the 2016 Adult Core Set: (1) Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications focuses on the identification of cardiovascular disease, a leading cause of morbidity and mortality in this population; and (2) Use of Use of Opioids at High Dosage in Persons Without Cancer is a measure of potential overuse that addresses the epidemic of narcotic morbidity and mortality.
- ^q The Concurrent Use of Opioids and Benzodiazepines measure was added to the 2018 Adult Core Set because it addresses early opioid use and polypharmacy.
- ^r For the 2023 Adult Core Set, the Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (IET-AD) measure was renamed as Initiation and Engagement of Substance Use Disorder Treatment (IET-AD).
- ^s The age group for the Follow-Up After Hospitalization for Mental Illness measure changed from age 21 and older to age 18 and older for the 2019 Adult Core Set.
- ^t The Diabetes Care for People with Serious Mental Illness: Hemoglobin A1c (HbA1c) Poor Control (>9.0%) measure was added to the 2017 Adult Core Set because it addresses chronic disease management for people with serious mental illness and assesses integration of medical and behavioral services by reinforcing shared accountability and linkage of medical and behavioral healthcare services.
- ^u The Use of Pharmacotherapy for Opioid Use Disorder measure was added to the 2020 Adult Core Set to fill a gap in the Core Sets by tracking the appropriate treatment of opioid use disorders and improving the understanding of the quality of care for substance use disorders.
- ^v The Follow-Up After Emergency Department Visit for Mental Illness or Alcohol and Other Drug Abuse or Dependence (FUA/FUM-AD) measure was added to the 2017 Adult Core Set because it addresses priority areas of access and follow-up of care for adults with mental health or substance use disorders. In the 2017 and 2018 Adult Core Sets, this was included as a single measure (FUA/FUM-AD). For the 2019 Adult Core Set, Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (FUA-AD) and Follow-Up After Emergency Department Visit for Mental Illness (FUM-AD) are included as two separate measures. For the 2023 Adult Core Set, the Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence measure was renamed as Follow-Up After Emergency Department Visit for Substance Use.
- ^w The Adult Core Set includes the NCQA version of the Adherence to Antipsychotic Medications for Individuals with Schizophrenia measure, which is adapted from the CMS measure.
- ^x The Timely Transmission of Transition Record measure was retired from the 2017 Adult Core Set due to the low number of states reporting this measure, a decrease in the number of states reporting over time, and the challenges states reported in collecting it.
- ^y AHRQ is the measure steward for the survey instrument in the Adult Core Set and NCQA is the developer of the survey administration protocol.

^z The Long-Term Services and Supports Comprehensive Care Plan and Update (CPU-AD) measure was added to the 2023 Adult Core Set to fill a critical gap area in measuring the quality of care in long-term services and supports. It also promotes alignment with the Home and Community Based Services measure set.

^{aa} The National Core Indicators Survey was added to the 2020 Adult Core Set to fill a gap in the Core Sets related to long-term services and supports, including home and community-based services.