

## Quality of Care for Children and Adults in Medicaid and CHIP: CMS Releases Data from the 2024 Child and Adult Core Sets



### Highlights

- CMS released data on 57 quality of care measures in Medicaid and CHIP, including
  - All 27 Child Core Set measures
  - 30 of 33 Adult Core Set measures
- Two measures on the Child Core Set and two measures on the Adult Core Set were publicly reported for the first time.
- Data on all publicly reported measures for 2023 and 2024 are now available on the interactive [Core Set Data Dashboard](#).

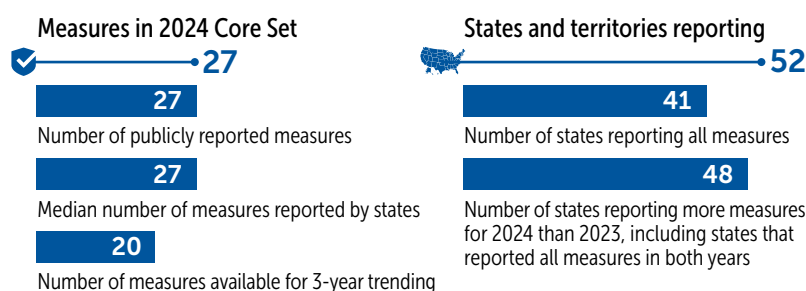
The Centers for Medicare & Medicaid Services (CMS) seeks to ensure access to high-quality care and improve health for the millions of individuals covered by Medicaid and the Children's Health Insurance Program (CHIP). The Child and Adult Core Sets promote these objectives through a standardized set of quality measures that states and CMS use to assess the quality of care provided to Medicaid and CHIP beneficiaries and to drive improvement.

CMS annually reports state and national performance on the Child and Adult Core Set measures. Interactive data on publicly reported measures are available on the [Core Set Data Dashboard](#) and datasets for further analysis can be found on [data.medicare.gov](https://data.medicare.gov). To be included in public performance data, measures must be reported to CMS by at least 25 states and meet data quality standards. To be included in [analysis of performance trends](#), a measure must be publicly reported by CMS for each of the past three years, reported by a consistent set of at least 20 states in all three years, and have comparable measure specifications for all three years.

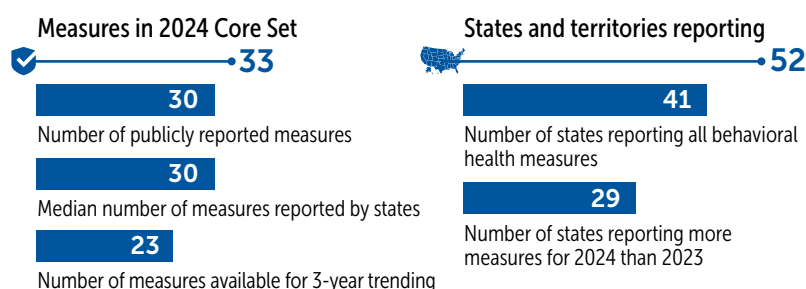
This fact sheet highlights some key findings from the 2024 Child and Adult Core Sets, featuring measures where performance was higher, measures where states have shown improvement in recent years, and measures where there is room for progress. For most measures, 2024 Core Set performance reflects services provided in calendar year (CY) 2023.<sup>1</sup> Data showing trends from the 2022 to 2024 Core Sets reflect services provided from CY 2021 to 2023.

### 2024 Child and Adult Core Set Reporting at a Glance

#### Child



#### Adult



#### Mandatory Reporting

Starting with the 2024 Core Set, reporting of the Child Core Set and the behavioral health measures on the Adult Core Set is mandatory for the 50 states, the District of Columbia, Guam, Puerto Rico, and the U.S. Virgin Islands.<sup>2,3</sup> States must report all mandatory measures and rates according to the CMS Core Set measure specifications and include all measure-eligible beneficiaries in reporting. In addition, states with separate CHIP are required to report performance data separately for (1) Medicaid (inclusive of Title XXI-funded Medicaid expansion CHIP, if applicable for the state) and (2) separate CHIP. Separate reporting for separate CHIP is required for the Child Core Set and encouraged but not mandatory for the Adult Core Set.<sup>4</sup>

# 2024 Child Core Set Reporting



## Measures reported for the first time:

- Prenatal and Postpartum Care: Under Age 21
- Screening for Depression and Follow-Up Plan: Ages 12 to 17

## Rates<sup>5</sup> reported for the first time:

- Age group stratifications for the Metabolic Monitoring for Children and Adolescents on Antipsychotics and Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics measures
- Seven indicators from the Child Medicaid Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey for children with chronic conditions (CCC)

## HIGHLIGHTS OF 2024 CHILD CORE SET PERFORMANCE

### Where are states doing well on quality of care for children?

Median state performance was higher on key indicators of experience of care and preventive care for children:

Percentage of caregivers reporting that child's doctor always communicated well

General Child (GC) population ..... **79.0%**

Children with Chronic Conditions (CCC) population ..... **79.5%**

Percentage of caregivers rating child's personal doctor a 9 or 10 out of 10

GC population ..... **77.1%**

CCC population ..... **75.2%**

Measles, mumps, and rubella (MMR) vaccination by age 2 ..... **81.9%**

Meningococcal conjugate and tetanus, diphtheria toxoids, and acellular pertussis (Tdap) vaccination by age 13 ..... **75.3%**

Several Child Core Set measures of preventive care and behavioral health showed statistically significant improvement in median state performance from the 2022 to 2024 Core Sets (care provided in CY 2021 to 2023), suggesting progress in the quality of care provided in these areas:<sup>6,7</sup>



### Providing routine preventive care

Child and adolescent well-care visits: ages 3 to 21 ..... **+1.8**

Well-child visits in the first 15 months of life ..... **+1.9**

Well-child visits in the 15th to 30th months of life ..... **+0.4**

Topical fluoride applications for children: ages 1 to 20 ..... **+2.4**



### Managing chronic conditions

Follow-up care within 30 days for children prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) medication: ages 6 to 12 ..... **+4.3**

Metabolic monitoring for children and adolescents on antipsychotics: ages 1 to 17 ..... **+2.6**

### What are some areas for improvement in child quality of care?

While states have shown improvement in preventive care for children and adolescents, more work is needed. States can continue building upon progress in well-care visits, which is where children receive key preventive care, developmental screenings, counseling for physical activity and nutrition, and in some cases, oral health care. States can also improve rates of follow-up for behavioral health care.

To support quality improvement initiatives in these and other areas, states can find resources and get technical assistance through the [Center for Medicaid and CHIP \(CMCS\) Quality Improvement Program](#).



### Providing primary care

Developmental screening by age 3 ..... **37.4%**

Annual well-care visits among older children and adolescents

Ages 12 to 17 ..... **49.9%**

Ages 18 to 21 ..... **25.6%**

Counseling for physical activity: ages 3 to 17 ..... **38.0%**

Counseling for nutrition: ages 3 to 17 ..... **39.4%**

Follow-up after emergency department visits for substance use: ages 13 to 17

Within 7 days ..... **21.5%**

Within 30 days ..... **33.0%**



### Ensuring behavioral health follow-up

Follow-up within 7 days after hospitalization for mental illness: ages 6 to 17 ..... **44.8%**



### Protecting oral health

Comprehensive oral evaluation among children under age 21 ..... **44.8%**

Dental sealants on all four permanent first molars by age 10 ..... **34.5%**

Topical fluoride application for children: ages 1 to 20 ..... **21.6%**

# 2024 Adult Core Set Reporting



## Measures reported for the first time:

- Prenatal and Postpartum Care: Age 21 and Older
- Screening for Depression and Follow-Up Plan: Age 18 and Older

## Rates<sup>5</sup> reported for the first time:

- Medication rates for the Use of Pharmacotherapy for Opioid Use Disorder measure
- Coordination of care indicator from the Adult Medicaid CAHPS Survey

## HIGHLIGHTS OF 2024 ADULT CORE SET PERFORMANCE

### Where are states doing well on quality of care for adults?

Median state performance for the 2024 Core Set was higher on key indicators of chronic condition management and experience of care for adults:

Concurrent use of opioids and benzodiazepines: ages 18 to 64 *	13.1%
Opioid use at high dosage in persons without cancer: ages 18 to 64 *	6.4%
Diabetes screening for people with schizophrenia or bipolar disorder using antipsychotic medications: ages 18 to 64	77.8%

Percentage of adults reporting that their personal doctor always communicated well: age 18 and older	76.1%
Percentage of adults with intellectual and developmental disabilities (I/DD) reporting they always have a way to get places when they need to go somewhere: age 18 and older	94.6%
Percentage of adults with I/DD reporting they participate in making everyday choices: age 18 and older	90.9%

Several Adult Core Set measures of chronic condition management and preventive screenings showed statistically significant improvement from the 2022 to 2024 Core Sets (care provided in CY 2021 to 2023), suggesting progress in the quality of care provided in these areas:<sup>6,7</sup>



### Managing chronic conditions

Antidepressant medication management during the acute treatment phase (84 days): ages 18 to 64	+2.4
Asthma management: ages 19 to 64	+4.5
Control of high blood pressure: ages 18 to 64	+4.5
Use of medication-assisted treatment for opioid use disorder: age 18 and older	+1.8
Use of opioids at high dosage in adults without cancer: ages 18 to 64 *	-0.4



### Preventing hospital admissions for chronic conditions (per 100,000 beneficiary months)

Rates of hospital admissions for asthma: ages 18 to 39 *	-0.4
Rates of hospital admissions for chronic obstructive pulmonary disease (COPD) or asthma: ages 40 to 64 *	-5.1
Rates of hospital admissions for heart failure: ages 18 to 64 *	-4.3
Rates of hospital admissions for short-term complications of diabetes: ages 18 to 64 *	-4.4



### Providing preventive screenings

Breast cancer screening: ages 50 to 64	+1.7
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### What are some areas for improvement in adult quality of care?

While states have shown progress in some indicators of behavioral health care for adults, more work is needed. States can improve timely follow-up after emergency department visits for mental illness and substance use, and engagement in treatment for substance use disorders. While certain adult screenings are on the rise, colorectal cancer screenings are still an area for improvement.

To support quality improvement initiatives in these and other areas, states can find resources and get technical assistance through the [Center for Medicaid and CHIP \(CMCS\) Quality Improvement Program](#).



### Managing behavioral health care

Antidepressant medication management in the 6-month continuation phase: ages 18 to 64	42.1%
Follow-up within 7 days after emergency department visits for mental illness: ages 18 to 64	35.3%
Follow-up within 7 days after hospitalization for mental illness: ages 18 to 64	32.3%
Follow-up within 7 days after emergency department visits for substance use: ages 18 to 64	25.8%

Treatment after episodes for any substance use disorder (including alcohol use disorder, opioid use disorder, or other substance use disorder): ages 18 to 64

Initiation of treatment	44.2%
Engagement of treatment	15.7%



### Providing preventive screenings

Colorectal cancer screening	
Ages 46 to 50	22.9%
Ages 51 to 65	37.7%

\* Lower rates are better



## Conclusion

The Child and Adult Core Sets provide a set of measures that, taken together, assess the delivery of health care services to Medicaid and CHIP beneficiaries. These measures allow CMS and states to identify areas of stronger performance, improvements over time, and areas of continued focus for improving health outcomes. CMS and states can also use the measures to identify differences in quality of care and health outcomes across populations and to use that information in efforts to improve care.

State reporting of the Child and Adult Core Set measures has continually improved, allowing CMS to publicly report more comprehensive and complete Core Set data. CMS appreciates states' efforts to collect and report quality measure data. In particular, CMS appreciates the substantial gains states made during the first year of mandatory Core Sets reporting.

CMS is committed to providing meaningful technical assistance to states to continue to improve data completeness and quality.

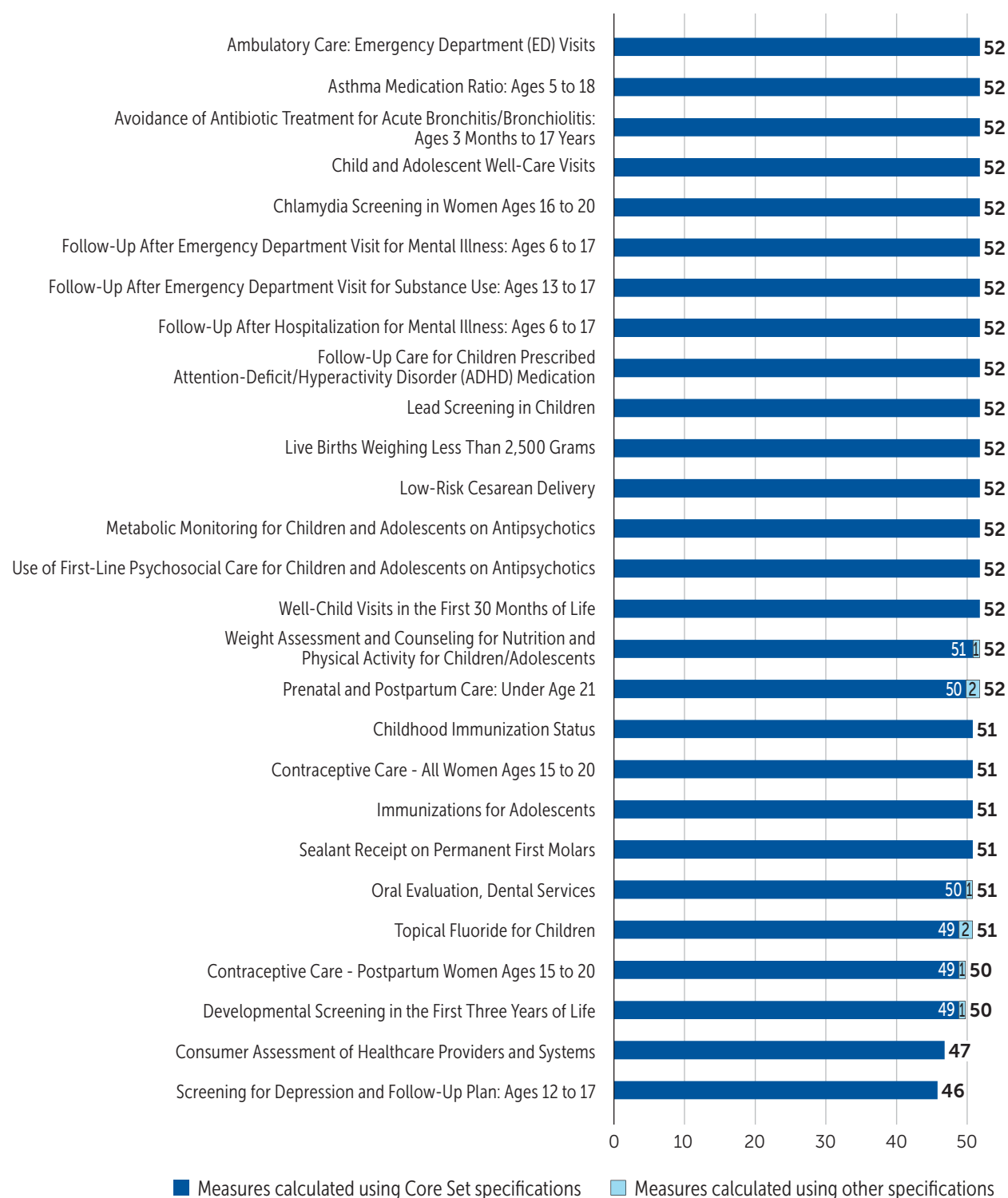
### ADDITIONAL INFORMATION

- Measure- and state-specific performance results for all publicly reported measures are available in the interactive Core Set Data Dashboard, available at <https://www.medicaid.gov/medicaid/quality-of-care/core-set-data-dashboard/main>.
- Measure-specific results for the analysis of trends from the 2022 Core Set to the 2024 Core Set are available at <https://www.medicaid.gov/medicaid/quality-of-care/downloads/trend-analysis-2024.xlsx>.
- Child Core Set information 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>.
- Adult Core Set information 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>.
- The Medicaid and CHIP Quality Improvement Program is available at <https://www.medicaid.gov/medicaid/quality-of-care/quality-improvement-initiatives>.

### Endnotes

1. For more information, see the 2024 [Child](#) and [Adult](#) Core Set measurement periods.
2. <https://www.medicaid.gov/federal-policy-guidance/downloads/sho23005.pdf>.
3. States could request a one-year exemption from reporting certain populations, in accordance with the December 2023 State Health Official Letter: <https://www.medicaid.gov/federal-policy-guidance/downloads/sho23005.pdf>. For 2024 reporting, Guam and the U.S. Virgin Islands obtained an exemption for all populations for all measures.
4. For cases where states submitted separate results for Medicaid (inclusive of Title XXI-funded Medicaid expansion CHIP) and separate CHIP, CMS aggregated the Medicaid and separate CHIP data to create a combined state-level Medicaid and CHIP rate.
5. Some measures include multiple performance rates, which can represent performance for different age groups or different indicators within the overall measure.
6. For each measure that met the trending criteria, CMS determined whether the change from the 2022 Core Set to the 2024 Core Set was statistically significant using the Wilcoxon Signed-Rank test ( $p < .05$ ). In addition to changes in performance, trends over time could reflect changes in states' calculation methods, data sources, populations included in the measure, or other factors unrelated to changes in quality or access. More information on trending criteria and considerations is available in the resource, [Criteria for Using the 2024 Child and Adult Core Set Measures to Assess Trends in State Performance in Medicaid and CHIP](#).
7. Values represent changes in the state median rate from the 2022 to 2024 Core Sets. Results represent percentage point changes unless otherwise noted.

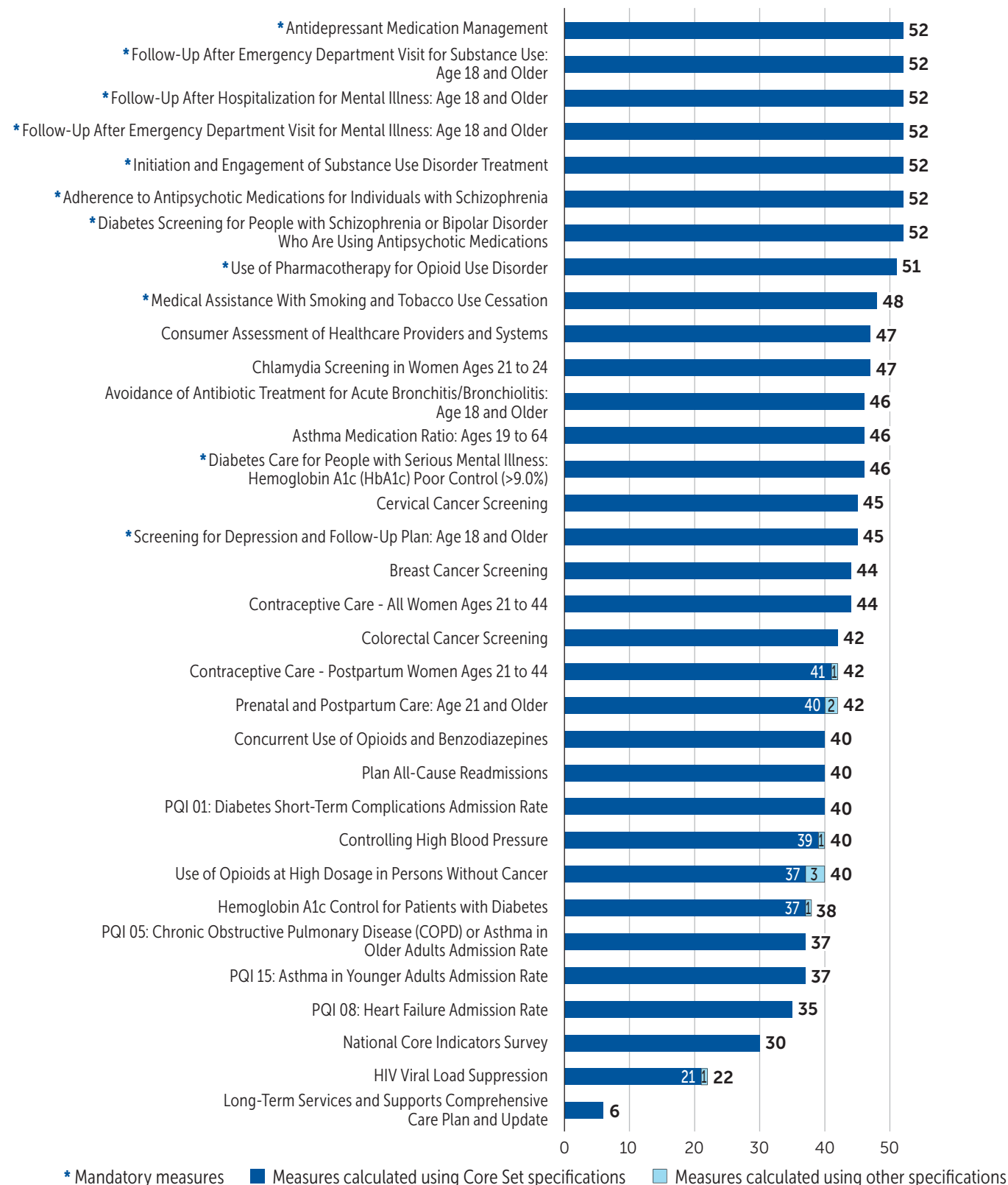
## Appendix 1: Number of States Reporting the 2024 Child Core Set Measures



**Sources:** Mathematica analysis of the Quality Measure Reporting (QMR) system reports for the 2024 Core Set as of April 28, 2025; Centers for Disease Control and Prevention Wide-ranging Online Data for Epidemiologic Research (CDC WONDER) data as of October 30, 2024; and Agency for Healthcare Research and Quality (AHRQ) and Centers for Medicare & Medicaid Services (CMS) analysis of the AHRQ CAHPS Database for the July 2023 to June 2024 data collection period as of January 28, 2025.

**Notes:** Starting with the 2024 Core Set, reporting of the Child Core Set is mandatory for the 50 states, the District of Columbia, Guam, Puerto Rico, and the U.S. Virgin Islands. Unless otherwise specified, states used Child Core Set specifications to calculate the measures. Some states calculated Child Core Set measures using "other specifications." Measures are denoted as using "other specifications" when the state deviated substantially from the Child Core Set specifications, such as using alternate data sources, different populations, or other methodologies.

## Appendix 2: Number of States Reporting the 2024 Adult Core Set Measures



**Sources:** Mathematica analysis of the Quality Measure Reporting (QMR) system reports for the 2024 Core Set as of April 28, 2025; National Core Indicators (NCI) data submitted by states to the National Association of State Directors of Developmental Disabilities Services (NASDDDS) and the Human Services Research Institute (HSRI) (The NCI National Team) through the Online Data Entry System (ODESA) for the July 2023 to June 2024 data collection period, corresponding to the 2024 Adult Core Set, as of May 8, 2025; and Agency for Healthcare Research and Quality (AHRQ) and Centers for Medicare & Medicaid (CMS) analysis of the AHRQ CAHPS Database for the July 2023 to June 2024 data collection period as of January 28, 2025. CMS used two data sources for reporting the MSC-AD measure for the 2024 Adult Core Set. The two sources are the AHRQ CAHPS Database and the QMR system reports for the 2024 Core Set.

**Notes:** Starting with the 2024 Core Set, reporting of the behavioral health measures on the Adult Core Set is mandatory for the 50 states, the District of Columbia, Guam, Puerto Rico, and the U.S. Virgin Islands. Measures marked with an asterisk are mandatory. Unless otherwise specified, states used Adult Core Set specifications to calculate the measures. Some states calculated Adult Core Set measures using "other specifications." Measures are denoted as using "other specifications" when the state deviated substantially from the Adult Core Set specifications, such as using alternate data sources, different populations, or other methodologies.