Centers for Medicare & Medicaid Services
Medicaid & CHIP
Health Care Quality Measurement & Improvement

FACT SHEET

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Quality of Care for Children and Adults in Medicaid and CHIP: CMS Releases Data from the 2025 Child and Adult Core Sets

Highlights

- CMS released data on 62 quality of care measures in Medicaid and CHIP, including
  - All 26 Child Core Set measures
  - 34 of 38 Adult Core Set measures
  - 2 of 4 provisional measures[1]
- 4 Adult Core Set measures and 2 provisional measures were publicly reported for the first time.
- Data on all publicly reported measures for 2021 through 2025 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 all publicly reported measures are available on the Core Set Data Dashboard and datasets for further analysis can be found on data.medicaid.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 2025 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, 2025 Core Set performance reflects services provided in calendar year (CY) 2024.[2] Data showing trends from the 2023 to 2025 Core Sets reflect services provided from CY 2022 to 2024.

2025 Child and Adult Core Set Reporting at a Glance

Child

Measures in 2025 Core Set: 26

- 26 — Number of publicly reported measures
- 22 — Number of measures available for 3-year trending

States and territories reporting: 54

- 49 — Number of states reporting all measures
- 51 — Number of states reporting more measures for 2025 than 2024, including states that reported all measures in both years

CMS also publicly reported two provisional measures of child health (Prenatal Immunization Status: Under Age 21 and Oral Evaluation During Pregnancy: Ages 15 to 20). These measures are not considered Core Set measures and are not included in the above counts.

Adult

Measures in 2025 Core Set: 38

- 34 — Number of publicly reported measures
- 26 — Number of measures available for 3-year trending

States and territories reporting: 54

- 48 — Number of states reporting all 11 behavioral health measures
- 51 — Number of states reporting more measures for 2025 than 2024

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.[3,4] 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.[5] Starting with the 2025 Core Set, states were also required to submit stratified data for select measures.[6]

2025 Child Core Set Reporting

Rates[7] reported for the first time:

- Age group stratifications for the Oral Evaluation, Dental Services and Topical Fluoride for Children measures
- 21 indicators from the Child Medicaid Consumer Assessment of Healthcare Providers and Systems (CAHPS) survey

HIGHLIGHTS OF 2025 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, examples include:

Percentage of caregivers reporting that child's doctor always communicated well
- General Child (GC) population **79.4%**
- Children with Chronic Conditions (CCC) population **80.2%**

Percentage of caregivers rating child's personal doctor a 9 or 10 out of 10
- GC population ..... **78.0%** CCC population **76.6%**

Measles, mumps, and rubella (MMR) vaccination by age 2 ..... **82.6%**

Meningococcal conjugate and tetanus, diphtheria toxoids, and acellular pertussis (Tdap) vaccination by age 13 ..... **75.9%**

Several Child Core Set measures of preventive care, dental and oral health care, and behavioral health care showed statistically significant improvement in median state performance from the 2023 to 2025 Core Sets (care provided in CY 2022 to 2024), suggesting progress in the quality of care provided in these areas:[8,9] Examples include:

Providing routine preventive care

Child and adolescent well-care visits: ages 3 to 21 ..... **+6.9**
Well-child visits in the 15th to 30th months of life ..... **+5.0**
One or more blood tests for lead poisoning by age 2 ..... **+8.2**

Protecting oral health

Comprehensive oral evaluation among children under age 21 ..... **+5.8**
Sealant on at least one permanent first molar tooth by age 10 ..... **+6.0**
Topical fluoride applications for children: ages 1 to 20 ..... **+4.5**

Managing chronic conditions

Metabolic monitoring for children and adolescents on antipsychotics: ages 1 to 17 ..... **+1.4**

Managing behavioral health conditions

Children who had a new prescription for an antipsychotic medication and had documentation of psychosocial care as first-line treatment: ages 1 to 17 ..... **+0.7**

Providing a positive experience of care

Percentage of caregivers rating their experience of care a 9 or 10 out of 10 (GC population)
- Child's personal doctor ..... **+2.6**
- Child's specialist doctor ..... **+2.8**
- Child's health care ..... **+2.0**

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

While states have shown improvement in preventive care for children and adolescents, including progress in dental and oral health care and metabolic monitoring for children and adolescents on antipsychotic medications, more work is needed. States can continue building upon progress in well-care visits, including services provided during these visits such as developmental screenings and counseling for physical activity and nutrition. States can also continue to improve rates of management of behavioral health conditions and provision of dental and oral health services.

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 ..... **40.4%**
Annual well-care visits among young adults: ages 18 to 21 ..... **28.2%**
Counseling for physical activity: ages 3 to 17 ..... **28.7%**
Counseling for nutrition: ages 3 to 17 ..... **35.2%**

Ensuring behavioral health follow-up

Follow-up within 7 days after hospitalization for mental illness: ages 6 to 17 ..... **47.8%**

Follow-up after emergency department visits for substance use for ages 13 to 17
- Within 7 days ..... **20.7%** Within 30 days **33.0%**

Managing chronic conditions

Metabolic monitoring for children and adolescents on antipsychotics: ages 1 to 17 ..... **32.9%**

Protecting oral health

Comprehensive oral evaluation among children under age 21 ..... **46.8%**
Dental sealants on all four permanent first molars by age 10 ..... **37.6%**
Topical fluoride application for children: ages 1 to 20 ..... **23.4%**

2025 Adult Core Set Reporting

Measures reported for the first time:

- Adult Immunization Status
- Low-Risk Cesarean Delivery: Age 20 and Older
- Oral Evaluation During Pregnancy: Ages 21 to 44
- Prenatal Immunization Status: Age 21 and Older

Rates[7] reported for the first time:

- Age 65 and older stratifications for the Follow-Up After Emergency Department Visit for Substance Use, Follow-Up After Hospitalization for Mental Illness, and Follow-Up After Emergency Department Visit for Mental Illness measures
- 9 indicators from the Adult Medicaid CAHPS survey

HIGHLIGHTS OF 2025 ADULT CORE SET PERFORMANCE

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

Median state performance was higher on key indicators of experience of care and chronic condition management. Examples include:

Percentage of adults reporting that their doctor always communicated well **77.1%**

Diabetes screening for people with schizophrenia or bipolar disorder using antipsychotic medications: ages 18 to 64 ..... **78.7%**

Performance was also better on some measures aimed at preventing negative outcomes, including avoidable hospital admissions and inappropriate opioid prescriptions. Examples include:

Rates of hospitalizations (per 100,000 beneficiary months) for asthma for young adults: ages 18 to 39 ✻ **2.9**

Concurrent use of opioids and benzodiazepines: ages 18 to 64 ✻ **13.8%**

Opioid use at high dosage in persons without cancer: ages 18 to 64 ✻ **6.4%**

✻ Lower rates are better

Several Adult Core Set measures of behavioral health care, preventive care, and experience of care showed statistically significant improvement in median state performance from the 2023 to 2025 Core Sets (care provided in CY 2022 to 2024), suggesting progress in the quality of care provided in these areas.[8,9] Examples include:

Managing behavioral health care

Antidepressant medication management during the 84-day acute treatment phase: ages 18 to 64 ..... **+2.1**

New substance use disorder (SUD) episodes that have evidence of treatment engagement within 34 days of initiation: ages 18 to 64 ... **+2.5**

Adults with schizophrenia, schizoaffective disorder, or bipolar disorder who were dispensed and remained on antipsychotic medication for at least 80 percent of their treatment period: age 18 and older ..... **+1.6**

Providing preventive screenings

Diabetes screening for adults with schizophrenia, schizoaffective disorder, or bipolar disorder who are prescribed antipsychotics: ages 18 to 64 ..... **+1.8**

Appropriate screening for colorectal cancer

Ages 46 to 50 ..... **+9.8** Ages 51 to 65 ..... **+3.6**

Providing high-quality experience of care

Percentage of adults reporting that their doctor always communicated well ..... **+0.8**

Percentage of adults rating their personal doctor a 9 or 10 out of 10 ..... **+1.4**

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 medication management, timely follow-up after emergency department (ED) visits and hospitalizations for mental illness and substance use, and initiation and engagement in treatment for SUD. While rates of colorectal cancer screenings have increased, there is still opportunity for improvement. States can also improve access to oral health care during pregnancy.

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 ..... **43.0%**

Follow-up within 7 days after ED visits for mental illness

Ages 18 to 64 ..... **36.0%** Age 65 and older **28.2%**

Follow-up within 7 days after hospitalization for mental illness

Ages 18 to 64 ..... **33.4%** Age 65 and older **29.5%**

Follow-up within 7 days after ED visits for substance use

Ages 18 to 64 ..... **27.8%** Age 65 and older **23.1%**

Follow-up within 30 days after ED visits for substance use

Ages 18 to 64 ..... **41.1%** Age 65 and older **34.4%**

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

Initiation of treatment ... **45.7%** Engagement of treatment **17.2%**

Providing preventive screenings

Colorectal cancer screening

Ages 46 to 50 ..... **29.0%** Ages 51 to 65 ..... **40.5%**

Cervical cancer screening: ages 21 to 64 ..... **49.1%**

Access to oral health care

Oral evaluation during pregnancy: ages 21 to 44 ..... **14.6%**

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 strong 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 complete quality measure data.

CMS is committed to providing technical assistance to states to continue to improve quality measure data and use including through the new Investing in Health Outcomes Pledge, which aims to advance Medicaid and CHIP quality and improve outcomes across prevention, chronic disease management, and behavioral health.

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 2023 Core Set to the 2025 Core Set are available at https://www.medicaid.gov/medicaid/quality-of-care/downloads/trend-analysis-2025.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.

Endnotes

1. CMS included 4 provisional measures for voluntary reporting in 2025. These provisional measures are not considered part of the 2025 Child or Adult Core Sets. For more information, see https://www.medicaid.gov/federal-policy-guidance/downloads/sho24001.pdf.
2. For more information, see the 2025 Child and Adult Core Set measurement period tables.
3. https://www.medicaid.gov/federal-policy-guidance/downloads/sho23005.pdf.
4. 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 2025 reporting, Guam and the U.S. Virgin Islands obtained an exemption for all populations for all measures. However, Guam and U.S. Virgin Islands were included in three measures calculated by CMS on behalf of states and territories for the first time this year.
5. 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.
6. https://www.medicaid.gov/federal-policy-guidance/downloads/sho24001.pdf.
7. Some measures include multiple performance rates, which can represent performance for different age groups or different indicators within the overall measure.
8. For each measure that met the trending criteria, CMS determined whether the change from the 2023 Core Set to the 2025 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 2025 Child and Adult Core Set Measures to Assess Trends in State Performance in Medicaid and CHIP" available at https://www.medicaid.gov/medicaid/quality-of-care/downloads/trend-methods-brief-2025.pdf.
9. Values represent changes in the state median rate from the 2023 to 2025 Core Sets. Results represent percentage point changes unless otherwise noted.

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