



Measure-Specific Attribution Guidance for the 2026 Child and Adult Core Set Measures

In the Core Set final rule, CMS specified that mandatory reporting requirements for the Child and Adult Core Sets require states to ensure that all measure-eligible Medicaid and CHIP beneficiaries are included in state reporting.^{1 2} For all measures, denominators must include all Medicaid and CHIP beneficiaries who satisfy all specified eligibility criteria (including age, continuous enrollment, benefit, event, and anchor date enrollment requirements). This includes beneficiaries who move in or out of a program (Medicaid or CHIP), who are enrolled in more than one managed care plan, or who change delivery systems (fee-for-service, managed care, primary care case management) during the measurement period. States must ensure that each measure-eligible Medicaid and CHIP beneficiary is included in the measure calculation and attributed to the appropriate program based on the measure eligibility criteria and that there is no duplication or double-counting.

For each Child Core Set measure reported to CMS, states should calculate and report separate rates for the Medicaid population (inclusive of both Title XIX-funded Medicaid and Title XXI-funded Medicaid expansion CHIP, if applicable for the state) and the separate CHIP (Title XXI) population (for states with a separate CHIP).³ States that submit CHIP data for the Adult Core Set should also report separate rates for the separate CHIP population. Tables 1 and 2 provide additional guidance to states for attributing Medicaid and CHIP beneficiaries so that each eligible beneficiary is included in the measure calculation and there is no duplication or double-counting. For each measure, states should assess

enrollment and claims data (or other data sources) to determine eligibility for the denominator and calculate numerator compliance. Please refer to Tables 1 and 2 for reference on using anchor dates and other measure specification components to attribute each measure-eligible beneficiary to Medicaid or CHIP.

For More Information

Background information on the Core Set measures, guidance for collecting and reporting the measures, and technical specifications for each measure can be found in the technical specifications and resource manuals for each Core Set on Medicaid.gov:

- Child Core Set:
<https://www.medicaid.gov/medicaid/quality-of-care/performance-measurement/adult-and-child-health-care-quality-measures/childrens-health-care-quality-measures/index.html>
- Adult Core Set:
<https://www.medicaid.gov/medicaid/quality-of-care/performance-measurement/adult-and-child-health-care-quality-measures/adult-health-care-quality-measures/index.html>

For technical assistance related to calculating and reporting Core Set measures, please contact the TA mailbox at MACQualityTA@cms.hhs.gov.

¹ Mandatory Medicaid and Children's Health Insurance Program (CHIP) Core Set Reporting final rule:
<https://www.federalregister.gov/d/2023-18669>.

² The term "states" includes the 50 states, the District of Columbia, and the territories.

³ Initial Mandatory Core Set Reporting Guidance:
https://www.medicaid.gov/sites/default/files/2023-12/sho23005_0.pdf.

Table 1. Medicaid and CHIP Program Attribution Guidance for the 2026 Child Core Set Measures

Measure	Date Used for Attribution
Step 1: Do the measure specifications include an anchor date? If yes, attribute beneficiaries to the program in which they were enrolled on the anchor date. If no, proceed to Step 2. For 2026, the following Child Core Set measures include an anchor date.	
AMR-CH: Asthma Medication Ratio: Ages 5 to 18	December 31, 2025
APM-CH: Metabolic Monitoring for Children and Adolescents on Antipsychotics	December 31, 2025
APP-CH: Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics	Index Prescription Start Date (IPSD)
CCP-CH: Contraceptive Care – Postpartum Women Ages 15 to 20	Delivery date ^a
CCW-CH: Contraceptive Care – All Women Ages 15 to 20	December 31, 2025
CHL-CH: Chlamydia Screening: Ages 16 to 20	December 31, 2025
CIS-CH: Childhood Immunization Status (Utilization)	2nd birthday
CPC-CH: Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Health Plan Survey 5.1H – Child Version Including Medicaid and Children with Chronic Conditions Supplemental Items	December 31, 2025
DEV-CH: Developmental Screening in the First Three Years of Life	1st, 2nd, or 3rd birthday
IMA-CH: Immunizations for Adolescents (Utilization)	13th birthday
LSC-CH: Lead Screening in Children	2nd birthday
OEVP-CH: Oral Evaluation During Pregnancy: Ages 15 to 20	Date of live-birth delivery ^b
PDS-CH: Postpartum Depression Screening and Follow-Up: Under Age 21 (Provisional)	Delivery date ^a
PND-CH: Prenatal Depression Screening and Follow-Up: Under Age 21 (Provisional)	Delivery date ^a
PPC2-CH: Prenatal and Postpartum Care: Under Age 21	Delivery date ^a
PRS-CH: Prenatal Immunization Status: Under Age 21 (Utilization)	Delivery date ^a
SFM-CH: Sealant Receipt on Permanent First Molars	10th birthday
W30-CH: Well-Child Visits in the First 30 Months of Life	Rate 1: Date child turns age 15 months Rate 2: Date child turns age 30 months
WCC-CH: Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents	December 31, 2025
WCV-CH: Child and Adolescent Well-Care Visits	December 31, 2025

Measure	Date Used for Attribution
Step 2: Do the measure specifications focus on services provided during an episode of care or service delivery date? If yes, attribute beneficiaries to the program in which they were enrolled on the episode of care or service delivery date. If no, proceed to Step 3. For 2026, the following Child Core Set measure specifications include an episode of care or service delivery date.	
AAB-CH: Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis: Ages 3 Months to 17 Years	Episode date ^a
ADD-CH: Follow-Up Care for Children Prescribed Attention-Deficit/ Hyperactivity Disorder (ADHD) Medication	Index Prescription Start Date (IPSD)
FUA-CH: Follow-Up After Emergency Department Visit for Substance Use: Ages 13 to 17	Emergency Department visit date ^a
FUH-CH: Follow-Up After Hospitalization for Mental Illness: Ages 6 to 17	Discharge date ^a
FUM-CH: Follow-Up After Emergency Department Visit for Mental Illness: Ages 6 to 17	Emergency Department visit date ^a
Step 3: For measures that do not have an anchor date and do not focus on a specific service or episode date, states should assign beneficiaries to the program in which they were enrolled on the last day of the measurement period. If the beneficiary was not enrolled on the last day of the measurement period, states should assign the beneficiary to the program or delivery system in which they were enrolled on the last day of eligible enrollment during the measurement period). For 2026, states should assess enrollment at the end of the measurement period for the following Child Core Set measures.	
CDF-CH: Screening for Depression and Follow-Up Plan: Ages 12 to 17	December 31, 2025 ^c
OEV-CH: Oral Evaluation, Dental Services	December 31, 2025
TFL-CH: Topical Fluoride for Children	December 31, 2025

Note: All 2026 Child Core Set measures are mandatory except for those noted as “Provisional” or “Utilization” in Table 1. Provisional measures and utilization measures are voluntary for 2026 Child Core Set reporting. Table 1 excludes the Live Births Weighing Less than 2,500 Grams (LBW-CH) and Low-Risk Cesarean Delivery: Under Age 20 (LRCD-CH) measures in the Child Core Set. CMS calculates these measures on behalf of states.

^a A beneficiary may have more than one eligible delivery, service, or episode date during the measurement period. States should evaluate each eligible delivery, service, or episode date separately to assess measure eligibility. A beneficiary that changes programs during the year could be attributed to different programs for each eligible delivery or service.

^b If a person has more than one live-birth delivery between January 1 of the measurement year and December 31 of the measurement year, use the first delivery date as the anchor date. Do not count the second live-birth delivery.

^c The denominator for the CDF-CH measure includes beneficiaries with an outpatient visit during the year. For beneficiaries with multiple qualifying encounters, the beneficiary does not need to be screened at every encounter, only once during the measurement year.

Table 2. Medicaid and CHIP Program Attribution Guidance for the 2026 Adult Core Set Measures

Measure	Date Used for Attribution
Step 1: Do the measure specifications include an anchor date? If yes, attribute beneficiaries to the program or delivery system in which they were enrolled on the anchor date. If no, proceed to Step 2. For 2026, the following Adult Core Set measures include an anchor date.	
AIS-AD: Adult Immunization Status	December 31, 2025
AMR-AD: Asthma Medication Ratio: Ages 19 to 64	December 31, 2025
BCS-AD: Breast Cancer Screening	December 31, 2025
CBP-AD: Controlling High Blood Pressure	December 31, 2025
CCP-AD: Contraceptive Care – Postpartum Women Ages 21 to 44	Delivery date ^a
CCS-AD: Cervical Cancer Screening	December 31, 2025
CCW-AD: Contraceptive Care – All Women Ages 21 to 44	December 31, 2025
CHL-AD: Chlamydia Screening: Ages 21 to 24	December 31, 2025
COL-AD: Colorectal Cancer Screening	December 31, 2025
CPA-AD: Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Health Plan Survey 5.1H – Adult Version (Medicaid)	December 31, 2025
GSD-AD: Glycemic Status Assessment for Patients with Diabetes	December 31, 2025
HPCMI-AD: Diabetes Care for People with Serious Mental Illness: Glycemic Status >9.0% (Mandatory measure)	December 31, 2025
MSC-AD: Medical Assistance with Smoking and Tobacco Use Cessation (Mandatory measure)	December 31, 2025
OEVP-AD: Oral Evaluation During Pregnancy: Ages 21 to 44	Date of live-birth delivery ^b
PCR-AD: Plan All-Cause Readmissions	Index Discharge Date ^a
PDS-AD: Postpartum Depression Screening and Follow-Up: Age 21 and Older (Provisional)	Delivery date ^a
PND-AD: Prenatal Depression Screening and Follow-Up: Age 21 and Older (Provisional)	Delivery date ^a
PPC2-AD: Prenatal and Postpartum Care: Age 21 and Older	Delivery date ^a
PRS-AD: Prenatal Immunization Status: Age 21 and Older (Utilization)	Delivery date ^a
SAA-AD: Adherence to Antipsychotic Medications for Individuals with Schizophrenia (Mandatory measure)	December 31, 2025
SSD-AD: Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (Mandatory measure)	December 31, 2025

Measure	Date Used for Attribution
Step 2: Do the measure specifications focus on services provided during an episode of care or service delivery date? If yes, attribute beneficiaries to the program or delivery system in which they were enrolled on the episode of care or service delivery date. If no, proceed to Step 3. For 2026, the following Adult Core Set measure specifications include an episode of care or service delivery date.	
AAB-AD: Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis: Age 18 and Older	Episode date ^a
FUA-AD: Follow-Up After Emergency Department Visit for Substance Use: Age 18 and Older (Mandatory measure)	Emergency Department visit date ^a
FUH-AD: Follow-Up After Hospitalization for Mental Illness: Age 18 and Older (Mandatory measure)	Discharge date ^a
FUM-AD: Follow-Up After Emergency Department Visit for Mental Illness: Age 18 and Older (Mandatory measure)	Emergency Department visit date ^a
IET-AD: Initiation and Engagement of Substance Use Disorder Treatment (Mandatory measure)	Substance use disorder (SUD) episode date ^a
Step 3: For measures that do not have an anchor date and do not focus on a specific service or episode date, states should assign beneficiaries to the program or delivery system in which they were enrolled on the last day of the measurement period. If the beneficiary was not enrolled on the last day of the measurement period, states should assign the beneficiary to the program or delivery system in which they were enrolled on the last day of eligible enrollment during the measurement period). For 2026, states should assess enrollment at the end of the measurement period for the following Adult Core Set measures.	
CDF-AD: Screening for Depression and Follow-Up Plan: Age 18 and Older (Mandatory measure)	December 31, 2025 ^c
COB-AD: Concurrent Use of Opioids and Benzodiazepines	December 31, 2025
EDV-AD: Ambulatory Care Sensitive Emergency Department Visits for Non-Traumatic Dental Conditions in Adults	Last day of each month
HVL-AD: HIV Viral Load Suppression	December 31, 2025 ^c
ODU-AD: Use of Pharmacotherapy for Opioid Use Disorder (Mandatory measure)	December 31, 2025
PQI01-AD: PQI 01: Diabetes Short-Term Complications Admission Rate	Last day of each month
PQI05-AD: PQI 05: Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults Admission Rate	Last day of each month
PQI08-AD: PQI 08: Heart Failure Admission Rate	Last day of each month
PQI15-AD: PQI 15: Asthma in Younger Adults Admission Rate	Last day of each month

Notes: Mandatory measure = Reporting of all the behavioral health measures on the 2026 Adult Core Set is mandatory. Reporting for other Adult Core Set measures, including provisional measures and utilization measures, is voluntary for 2026 Adult Core Set reporting. Table 2 excludes the Low-Risk Cesarean Delivery: Age 20 and Older (LRCD-AD) measure in the Adult Core Set. CMS calculates this measure on behalf of states.

^a A beneficiary may have more than one eligible delivery, service, or episode date during the measurement period. States should evaluate each eligible delivery, service, or episode date separately to assess measure eligibility. A beneficiary that changes programs or delivery systems during the year could be attributed to different programs for each eligible delivery or service.

^b If a person has more than one live-birth delivery between January 1 of the measurement year and December 31 of the measurement year, use the first delivery date as the anchor date. Do not count the second live-birth delivery.

^c The denominators for the CDF-AD and HVL-AD measures include beneficiaries with an outpatient visit during the year. For beneficiaries with multiple qualifying encounters, the beneficiary does not need to be screened at every encounter, only once during the measurement year.