Reporting Stratified Results in the Quality Measure Reporting System for the 2025 Child, Adult, and Health Home Core Sets

Introduction

The Child, Adult, and Health Home Core Sets of health care quality measures are designed to measure, monitor, and improve the quality of care in Medicaid, the Children's Health Insurance Program (CHIP), and the Medicaid Health Home Program. Reporting stratified results for Core Set measures is a priority for the Centers for Medicare & Medicaid Services (CMS). Relying on state[1]- and program-level data can mask important disparities across subpopulations that could be identified by stratifying data. Stratification can also help CMS and states determine where to focus their quality improvement priorities. This technical assistance (TA) resource identifies the Child, Adult, and Health Home Core Set measures and rates included in stratified reporting, provides additional information about the stratification categories and subcategories for 2025 Core Sets reporting, and describes how to enter stratified data into the quality measure reporting (QMR) system.

Reporting Stratified Data in the Quality Measure Reporting (QMR) System

States are required to report stratified data for a subset of Child, Adult, and Health Home Core Set measures beginning with reporting on the 2025 Core Sets.[2] Table 1 lists the Child, Adult, and Health Home measures for which states will be required to report stratified data for each of the following required stratification categories: race and ethnicity, sex, and geography. States are also encouraged to stratify other Core Set measures. Appendix A provides information on which measures and rates are included in the measure stratification section of the QMR system. The measure stratification section can be found toward the bottom of the QMR reporting template within each applicable measure.

Table 1. Measures Subject to Mandatory Stratification for 2025 Core Sets Reporting

Child Core Set
Well-Child Visits in the First 30 Months of Life (W30-CH)
Child and Adolescent Well-Care Visits (WCV-CH)
Oral Evaluation, Dental Services (OEV-CH)
Follow-Up After Hospitalization for Mental Illness: Ages 6 to 17 (FUH-CH)
Prenatal and Postpartum Care: Up to Age 20 (PPC2-CH)
Live Births Weighing Less Than 2,500 Grams (LBW-CH) Note: CMS calculates on behalf of states
Low-Risk Cesarean Delivery: Under Age 20 (LRCD-CH) Note: CMS calculates on behalf of states
Adult Core Set
Initiation and Engagement of Substance Use Disorder Treatment (IET-AD)
Follow-Up After Emergency Department Visit for Substance Use: Age 18 and Older (FUA-AD)
Follow-Up After Hospitalization for Mental Illness: Age 18 and Older (FUH-AD)
Health Home Core Set
Colorectal Cancer Screening (COL-HH)
Follow-Up After Hospitalization for Mental Illness (FUH-HH)
Controlling High Blood Pressure (CBP-HH)

[1] The term "states" includes the 50 states, the District of Columbia, and the territories.

[2] More information on requirements for reporting stratified data for 2025 Core Sets reporting, including the stratification categories and required measures, is included in the "2025 Updates to the Child and Adult Core Health Care Quality Measurement Sets and Mandatory Reporting Guidance" State Health Official letter and the "Initial Core Set Mandatory Reporting Guidance for the Health Home Core Quality Measure Sets and Federal Fiscal Year 2025 Updates to the Health Home Core Quality Measure Sets" State Medicaid Director letter.

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Race and Ethnicity

For 2025 Core Sets reporting, states can stratify race and ethnicity data using either of two reporting options: (1) the 1997 Office of Management and Budget (OMB) minimum race and ethnicity categories, as specified in the 2011 HHS standards;[3] or (2) the 2024 OMB Statistical Policy Directive No. 15 (Directive No. 15): Standards for Maintaining, Collecting, and Presenting Federal Data on Race and Ethnicity.[4,5] States will be prompted to choose a race and ethnicity reporting option for each measure. For example, a state could choose to report some measures according to the 1997 OMB minimum race and ethnicity categories, as specified in the 2011 HHS standards, and other measures according to the Directive No. 15 race and ethnicity standards. However, states must use a consistent race and ethnicity reporting option within a measure, and use that reporting option for all data reported on that measure. Please contact the technical assistance team (MACQualityTA@cms.hhs.gov) if you have questions about how to combine stratified data across reporting units.

Box 1 identifies the stratification categories and subcategories available if a state chooses to report using the 1997 OMB minimum race and ethnicity categories, as specified in the 2011 HHS standards. In this reporting option, race and ethnicity are collected as separate variables. If individuals with Hispanic, Latino/a, or Spanish origin ethnicity do not have a reported race, their race should be reported in the Missing or Not Reported category. If individuals have a reported race but do not have a reported ethnicity, their ethnicity should be reported in the Missing or Not Reported category. The sum of the denominators for "Race" should be the same as the sum of the denominators for "Ethnicity."

Box 1. Race and Ethnicity Stratification Categories and Subcategories in the QMR System for states using 1997 Office of Management and Budget (OMB) minimum race and ethnicity categories, as specified in the 2011 HHS standards

- **Race**
  - American Indian or Alaska Native
  - Asian*
    - Asian Indian; Chinese; Filipino; Japanese; Korean; Vietnamese; Other Asian; Another subcategory
  - Black or African American
  - Native Hawaiian or Other Pacific Islander*
    - Native Hawaiian; Guamanian or Chamorro; Samoan; Other Pacific Islander; Another subcategory
  - White
  - Two or More Races**
  - Some Other Race
  - Missing or Not Reported
  - Another Race
- **Ethnicity**
  - Not of Hispanic, Latino/a, or Spanish origin
  - Hispanic, Latino/a, or Spanish origin*
    - Mexican, Mexican American, Chicano/a; Puerto Rican; Cuban; Another Hispanic, Latino/a, or Spanish origin; Another subcategory
  - Missing or Not Reported
  - Another Ethnicity

Notes:
* For race and ethnicity categories marked with an asterisk, states can choose to report aggregate data for the category or further stratify by subcategory.
** States should collect race information in a disaggregated way. For example, an individual who identifies as being both "White" and "Asian" should be offered the option to select both response options rather than a single "two or more races" option. However, states may choose to later aggregate this information and code these individuals as "two or more races" for purposes of Core Set stratification.

Box 2 (next page) identifies the stratification categories and subcategories available if the state chooses to report using the Directive No. 15 race and ethnicity standards. In this reporting option, race and ethnicity are collected as a combined variable using the *alone or in combination* approach.[6] For example, a respondent who reported being both "White" and "Black or African

[3] For more information, see the 1997 Office of Management and Budget (OMB) minimum race and ethnicity categories, as specified in the 2011 HHS standards.

[4] For more information, see the 2024 OMB Statistical Policy Directive No. 15: Standards for Maintaining, Collecting, and Presenting Federal Data on Race and Ethnicity.

[5] The deadline for full compliance with the Directive No. 15 race and ethnicity standards is March 28, 2029.

[6] More information about the "alone or in combination" approach can be found in Directive No. 15, (see Approach 1).

American" would fall into both the "White alone or in combination" category and the "Black or African American alone or in combination" category. Percentages across the race and ethnicity categories can sum to greater than 100 percent because the response categories are not mutually exclusive. In this approach, states may not add another race and ethnicity category.

Box 2. Race and Ethnicity Stratification Categories and Subcategories in the QMR System for states using the 2024 OMB Statistical Policy Directive No. 15 race and ethnicity standards

- **Race and ethnicity**
  - American Indian or Alaska Native alone or in combination*
  - Asian alone or in combination*
    - Chinese, Asian Indian, Filipino, Vietnamese, Korean, Japanese, Another group
  - Black or African American alone or in combination*
    - African American, Jamaican, Haitian, Nigerian, Ethiopian, Somali, Another group
  - Hispanic or Latino alone or in combination*
    - Mexican, Puerto Rican, Salvadoran, Cuban, Dominican, Guatemalan, Another group
  - Middle Eastern or North African alone or in combination*
    - Lebanese, Iranian, Egyptian, Syrian, Iraqi, Israeli, Another group
  - Native Hawaiian or Other Pacific Islander alone or in combination*
    - Native Hawaiian, Samoan, Chamorro, Tongan, Fijian, Marshallese, Another group
  - White alone or in combination*
    - English, German, Irish, Italian, Polish, Scottish, Another group
  - Missing or Not Reported

Note:
* For race and ethnicity categories marked with an asterisk, states can choose to report aggregate data for the category or further stratify by subcategory.

For race and ethnicity categories marked with a single asterisk (*) in both reporting options (Boxes 1 and 2), states can choose to report aggregate data for the category or further stratify by subcategory. For example, states could report aggregate data for the Asian alone or in combination category, or disaggregate data for Chinese, Asian Indian, Filipino, Vietnamese, Korean, Japanese, or Another group. For these categories, states will be asked if they are reporting aggregate data. If reporting disaggregated data, states should select "No," and the subcategories will appear. States can add as many subcategories as needed.

Sex

Regardless of the reporting option states choose for race and ethnicity, states will report sex stratification categories according to the 2011 HHS standards. The QMR system includes two sex categories (Male and Female) and allows states that collect data for additional categories to add one or more categories and enter a descriptive label describing the population included in the category.

Note that if a measure is only specified for female beneficiaries, there will not be a reporting option for sex stratification.

Geography

The QMR system includes two geography categories (Urban and Rural) with the option to add additional categories. To stratify data by geography, states should use beneficiary address information to assign each beneficiary to a category of Urban or Rural. States should assign Urban and Rural categories using a minimum standard of Core-Based Statistical Areas (CBSA) codes. CMS recommends states move toward using Rural-Urban Community Area (RUCA) codes, as the RUCA standard is more granular than CBSAs and enables more accurate identification of rural areas. The tables in Appendix B provide additional guidance on using these standards to assign beneficiaries to the geography categories. States can add additional geography categories but should give them a descriptive label, such as "Frontier."

Entering stratified data in the QMR system

The reporting fields in the QMR system are determined by states' responses to earlier questions. To report stratified data, complete the state- or program-level rates in the Performance Measure section of the QMR system before entering stratified data. Numerator, denominator, and rate sets will appear in the measure stratification section only for the state- and program-level rates reported in the Performance Measure section. For example, if a state reports the follow-up within 30 days after discharge rate but not the follow-up within 7 days after discharge rate in the Performance Measure section for the Follow-Up After Hospitalization for Mental Illness (FUH) measure, only the

follow-up within 30 days after discharge rate will appear in the measure stratification section.

To reduce reporting burden and to align with measure steward recommendations, not all rates that exist in the Performance Measure section will appear in the measure stratification section. For example, if a state reports the Ages 1 to 11, Ages 12 to 17, and Total (Ages 1 to 17) rates for the Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP-CH) measure, only the Total (Ages 1 to 17) rate will appear in the measure stratification section. The tables in Appendix A note which rate(s) will be included in the measure stratification section for each measure for 2025 Core Sets reporting.

To complete the measure stratification section in the QMR system, states should first select which race and ethnicity reporting option they would like to use. In each category for which data are collected, report the numerator, denominator, and rate for each population and rate. The QMR system will also ask states to report how they collected race and ethnicity data. For example, states should indicate if data were self-reported or collected by proxy.

If a state does not collect data for a specific category, they should not select that category in the QMR system. If a state has data for a selected category or subcategory but there are zero measure-eligible beneficiaries that fall into that category, enter zero in the numerator and denominator fields. For example, if a Health Home Program is reporting data by race and ethnicity, but no beneficiaries identify as White for a given rate, then the program would enter zero in the numerator and denominator for the White category. Note that a warning might appear in the QMR system about a missing numerator, denominator, and rate set. If this occurs, disregard this notification and complete the measure.

CMS encourages states to report data in the QMR system for measures and rates with small cell sizes. For the purpose of public reporting, data will be suppressed in accordance with the CMS cell-size suppression policy, which prohibits the direct reporting of beneficiary and record counts of 1 to 10 and values from which users can derive values of 1 to 10. Furthermore, CMS will suppress rates with a denominator less than 30 due to reliability concerns.

For More Information

CMS created several TA resources to support state reporting in the QMR system:

- Guidance on accessing the QMR system and system training videos are available in the Medicaid Data Collection Tool (MDCT) portal: https://www.medicaid.gov/resources-for-states/medicaid-and-chip-program-portal/medicaid-data-collection-tool-mdct-portal/index.html.
- Training webinars with guidance and tips on data entry in the QMR system are available on Medicaid.gov: https://www.medicaid.gov/medicaid/quality-of-care/performance-measurement/adult-and-child-health-care-quality-measures/child-core-set-reporting-resources/index.html.
- The Data Quality Checklist provides guidance for states on improving the completeness, accuracy, consistency, and documentation of data reported in the QMR system: https://www.medicaid.gov/medicaid/quality-of-care/downloads/child-adult-healthhomes-data-quality-checklist.pdf.

More information on mandatory reporting of the Child Core Set and the behavioral health measures on the Adult Core Set, including the measures and categories selected for mandatory stratified reporting beginning with 2025 Core Sets reporting, can be found here: https://www.medicaid.gov/federal-policy-guidance/downloads/sho24001.pdf. More information on mandatory reporting of the Health Home Core Sets, including the measures and categories selected for mandatory stratified reporting beginning with 2025 Core Sets reporting, can be found here: https://www.medicaid.gov/sites/default/files/2024-03/smd24002.pdf.

If your state has questions about reporting stratified data for the Core Sets, please contact the TA mailbox at **MACQualityTA@cms.hhs.gov.**

Appendix A: Measures and Rates Included in the Measure Stratification Section

This appendix shows which measures and rates are included in the measure stratification section of the Quality Measure Reporting (QMR) system for 2025 Core Sets reporting.

- Table A.1 shows the measures and rates for the Child Core Set.
- Table A.2 shows the measures and rates for the Adult Core Set.
- Table A.3 shows the measures and rates for the Health Home Core Set.

To reduce reporting burden and to align with measure steward recommendations, some measures have fewer rates included in the measure stratification section than in the Performance Measure section of the QMR system. An asterisk (*) next to the rate name indicates that there are fewer rates in the measure stratification section than in the Performance Measure section.

Table A.1. Child Core Set Measures and Rates Included in the Measure Stratification Section for 2025 Core Sets Reporting

Measure Name (Measure Acronym)	Rates Included in the Measure Stratification Section	Mandatory Stratification for 2025
2025 Mandatory Child Core Set Measures[7]		
Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis: Ages 3 Months to 17 Years (AAB-CH)	• Ages 3 months to 17 years	No
Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication (ADD-CH)	• Initiation phase • Continuation and maintenance (C&M) phase	No
Asthma Medication Ratio: Ages 5 to 18 (AMR-CH)	• Total (ages 5 to 18)*	No
Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM-CH)	• Blood glucose: Total (ages 1 to 17)* • Cholesterol: Total (ages 1 to 17)* • Blood glucose and cholesterol: Total (ages 1 to 17)*	No
Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP-CH)	• Total (ages 1 to 17)*	No
Contraceptive Care – Postpartum Women Ages 15 to 20 (CCP-CH)	• Most effective or moderately effective method of contraception: Three days postpartum rate • Most effective or moderately effective method of contraception: Ninety days postpartum rate • Long-acting reversible method of contraception (LARC): Three days postpartum rate • Long-acting reversible method of contraception (LARC): Ninety days postpartum rate	No

[7] These measures are mandatory for state- or program-level reporting. A subset of these measures are mandatory for stratified reporting, as indicated in the final column of the table.

Measure Name (Measure Acronym)	Rates Included in the Measure Stratification Section	Mandatory Stratification for 2025
Contraceptive Care – All Women Ages 15 to 20 (CCW-CH)	• Most effective or moderately effective method of contraception • Long-acting reversible method of contraception (LARC)	No
Screening for Depression and Follow-Up Plan: Ages 12 to 17 (CDF-CH)	• Ages 12 to 17	No
Chlamydia Screening in Women Ages 16 to 20 (CHL-CH)	• Ages 16 to 20	No
Childhood Immunization Status (CIS-CH)	• Measles, Mumps, and Rubella (MMR)* • Combination 3* • Combination 10*	No
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)	• Not applicable (performance rates are not collected for this measure in the QMR system).	No
Developmental Screening in the First Three Years of Life (DEV-CH)	• Children total*	No
Follow-Up After Emergency Department Visit for Substance Use: Ages 13 to 17 (FUA-CH)	• Follow-up within 30 days of ED visit: Ages 13 to 17 • Follow-up within 7 days of ED visit: Ages 13 to 17	No
Follow-Up After Hospitalization for Mental Illness: Ages 6 to 17 (FUH-CH)	• Follow-up within 30 days after discharge: Ages 6 to 17 • Follow-up within 7 days after discharge: Ages 6 to 17	Yes
Follow-Up After Emergency Department Visit for Mental Illness: Ages 6 to 17 (FUM-CH)	• 30-day follow-up after ED visit for mental illness: Ages 6 to 17 • 7-day follow-up after ED visit for mental illness: Ages 6 to 17	No
Immunizations for Adolescents (IMA-CH)	• Meningococcal • Tdap • Human papillomavirus (HPV) • Combination 1 (meningococcal, Tdap) • Combination 2 (meningococcal, Tdap, HPV)	No
Live Births Weighing Less Than 2,500 Grams (LBW-CH)	• Not applicable (performance rates are not collected for this measure in the QMR system). CMS will calculate stratified rates on behalf of states for 2025 Core Sets reporting.	Yes
Low-Risk Cesarean Delivery: Under Age 20 (LRCD-CH)	• Not applicable (performance rates are not collected for this measure in the QMR system). CMS will calculate stratified rates on behalf of states for 2025 Core Sets reporting.	Yes
Lead Screening in Children (LSC-CH)	• At least one lead capillary or venous blood test on or before the child's second birthday	No
Oral Evaluation, Dental Services (OEV-CH)	• Total (under age 21)*	Yes

Measure Name (Measure Acronym)	Rates Included in the Measure Stratification Section	Mandatory Stratification for 2025
Prenatal and Postpartum Care: Under Age 21 (PPC2-CH)	• Timeliness of prenatal care: Under age 21 • Postpartum care: Under age 21	Yes
Sealant Receipt on Permanent First Molars (SFM-CH)	• Rate 1 – At least one sealant • Rate 2 – All four molars sealed	No
Prevention: Topical Fluoride for Children (TFL-CH)	• Dental or oral health services: Total ages 1 through 20*	No
Well-Child Visits in the First 30 Months of Life (W30-CH)	• Rate 1 – Six or more well-child visits in the first 15 months • Rate 2 – Two or more well-child visits for ages 15 months to 30 months	Yes
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC-CH)	• Body mass index (BMI) percentile documentation: Total (ages 3 to 17)* • Counseling for nutrition: Total (ages 3 to 17)* • Counseling for physical activity: Total (ages 3 to 17)*	No
Child and Adolescent Well-Care Visits (WCV-CH)	• Total (ages 3 to 21)*	Yes
Provisional Child Core Set Measures (Voluntary for 2025 Core Set Reporting)		
Postpartum Depression Screening and Follow-Up: Under Age 21 (PDS-CH)	• Depression screening • Follow-up on positive screen	No
Prenatal Immunization Status: Under Age 21 (PRS-CH)	• Influenza • Tdap • Combination	No
Oral Evaluation During Pregnancy: Ages 15 to 20 (OEVP-CH)	• Ages 15 to 20	No

Note: An asterisk (*) next to the rate name indicates that there are fewer rates in the measure stratification section than in the Performance Measure section.

Table A.2. Adult Core Set Measures and Rates Included in the Measure Stratification Section for 2025 Core Sets Reporting

Measure Name (Measure Acronym)	Rates Included in the Measure Stratification Section	Mandatory Stratification for 2025
2025 Mandatory Adult Core Set Measures[8]		
Antidepressant Medication Management (AMM-AD)	• Effective acute phase treatment: Ages 18 to 64 • Effective acute phase treatment: Age 65 and older • Effective continuation phase treatment: Ages 18 to 64 • Effective continuation phase treatment: Age 65 and older	No
Screening for Depression and Follow-Up Plan: Age 18 and Older (CDF-AD)	• Ages 18 to 64 • Age 65 and older	No
Follow-Up After Emergency Department Visit for Substance Use: Age 18 and Older (FUA-AD)	• Follow-up within 30 days of ED visit: Ages 18 to 64 • Follow-up within 30 days of ED visit: Age 65 and older • Follow-up within 7 days of ED visit: Ages 18 to 64 • Follow-up within 7 days of ED visit: Age 65 and older	Yes
Follow-Up After Hospitalization for Mental Illness: Age 18 and Older (FUH-AD)	• Follow-up within 30 days after discharge: Ages 18 to 64 • Follow-up within 30 days after discharge: Age 65 and older • Follow-up within 7 days after discharge: Ages 18 to 64 • Follow-up within 7 days after discharge: Age 65 and older	Yes
Follow-Up After Emergency Department Visit for Mental Illness: Age 18 and Older (FUM-AD)	• 30-day follow-up after ED visit for mental illness: Ages 18 to 64 • 30-day follow-up after ED visit for mental illness: Age 65 and older • 7-day follow-up after ED visit for mental illness: Ages 18 to 64 • 7-day follow-up after ED visit for mental illness: Age 65 and older	No
Diabetes Care for People with Serious Mental Illness: Glycemic Status >9.0% (HPCMI-AD)	• Ages 18 to 64 • Ages 65 to 75	No
Initiation and Engagement of Substance Use Disorder Treatment (IET-AD)	• Initiation of SUD treatment: Total: Ages 18 to 64* • Initiation of SUD treatment: Total: Age 65 and older* • Engagement of SUD treatment: Total: Ages 18 to 64* • Engagement of SUD treatment: Total: Age 65 and older*	Yes
Medical Assistance with Smoking and Tobacco Use Cessation (MSC-AD)	• CMS is not collecting stratified data for this measure for 2025 Core Sets reporting.*	No
Use of Pharmacotherapy for Opioid Use Disorder (OUD-AD)	• Total rate*	No

[8] These measures are mandatory for state reporting. A subset of these measures are mandatory for stratified reporting, as indicated in the final column of the table.

Measure Name (Measure Acronym)	Rates Included in the Measure Stratification Section	Mandatory Stratification for 2025
Adherence to Antipsychotic Medications for Individuals with Schizophrenia (SAA-AD)	• Beneficiaries age 18 and older	No
Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD-AD)	• Percentage of beneficiaries ages 18 to 64	No
2025 Voluntary Adult Core Set Measures		
Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis: Age 18 and Older (AAB-AD)	• Ages 18 to 64 • Age 65 and older	No
Adult Immunization Status (AIS-AD)	• Influenza: Ages 19 to 65 • Influenza: Age 66 and older • Td/Tdap: Ages 19 to 65 • Td/Tdap: Age 66 and older • Zoster: Ages 50 to 65 • Zoster: Age 66 and older • Pneumococcal: Age 66 and older	No
Asthma Medication Ratio: Ages 19 to 64 (AMR-AD)	• Total (ages 19 to 64)*	No
Breast Cancer Screening (BCS-AD)	• Ages 50 to 64 • Ages 65 to 74	No
Controlling High Blood Pressure (CBP-AD)	• Ages 18 to 64 • Ages 65 to 85	No
Contraceptive Care – Postpartum Women Ages 21 to 44 (CCP-AD)	• Most effective or moderately effective method of contraception: Three days postpartum rate • Most effective or moderately effective method of contraception: Ninety days postpartum rate • Long-acting reversible method of contraception (LARC): Three days postpartum rate • Long-acting reversible method of contraception (LARC): Ninety days postpartum rate	No
Cervical Cancer Screening (CCS-AD)	• Percentage of women ages 21 to 64 screened	No
Contraceptive Care – All Women Ages 21 to 44 (CCW-AD)	• Most effective or moderately effective method of contraception • Long-acting reversible method of contraception (LARC)	No
Chlamydia Screening in Women Ages 21 to 24 (CHL-AD)	• Ages 21 to 24	No
Concurrent Use of Opioids and Benzodiazepines (COB-AD)	• Ages 18 to 64 • Age 65 and older	No

Measure Name (Measure Acronym)	Rates Included in the Measure Stratification Section	Mandatory Stratification for 2025
Colorectal Cancer Screening (COL-AD)	• Ages 46 to 50 • Ages 51 to 65 • Ages 66 to 75	No
Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Health Plan Survey 5.1H, Adult Version (Medicaid) (CPA-AD)	• Not applicable (performance rates are not collected for this measure in the QMR system).	No
Long-Term Services and Supports Comprehensive Care Plan and Update (CPU-AD)	• CMS is not collecting stratified data for this measure for 2025 Core Sets reporting.*	No
Ambulatory Care Sensitive Emergency Department Visits for Non-Traumatic Dental Conditions in Adults (EDV-AD)	• Ages 18 to 64 • Age 65 and older	No
Glycemic Status Assessment for Patients with Diabetes (GSD-AD)	• Glycemic status <8.0%: Ages 18 to 64 • Glycemic status <8.0%: Ages 65 to 75 • Glycemic status >9.0%: Ages 18 to 64 • Glycemic status >9.0%: Ages 65 to 75	No
HIV Viral Load Suppression (HVL-AD)	• Ages 18 to 64 • Age 65 and older	No
Low-Risk Cesarean Delivery: Age 20 and Older (LRCD-AD)	• Not applicable (performance rates are not collected for this measure in the QMR system).	No
National Core Indicators Survey (NCIIDD-AD)	• Not applicable (performance rates are not collected for this measure in the QMR system).	No
Oral Evaluation During Pregnancy: Ages 21 to 44 (OEVP-AD)	• Ages 21 to 44	No
Use of Opioids at High Dosage in Persons Without Cancer (OHD-AD)	• Ages 18 to 64 • Age 65 and older	No
Plan All-Cause Readmissions (PCR-AD)	• CMS is not collecting stratified data for this measure for 2025 Core Sets reporting.*	No
Prenatal and Postpartum Care: Age 21 and Older (PPC2-AD)	• Timeliness of prenatal care: Age 21 and older • Postpartum care: Age 21 and older	No
PQI 01: Diabetes Short-Term Complications Admission Rate (PQI01-AD)	• Ages 18 to 64 • Age 65 and older	No
PQI 05: Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults Admission Rate (PQI05-AD)	• Ages 40 to 64 • Age 65 and older	No
PQI 08: Heart Failure Admission Rate (PQI08-AD)	• Ages 18 to 64 • Age 65 and older	No

Measure Name (Measure Acronym)	Rates Included in the Measure Stratification Section	Mandatory Stratification for 2025
PQI 15: Asthma in Younger Adults Admission Rate (PQI15-AD)	• Ages 18 to 39	No
Prenatal Immunization Status: Age 21 and Older (PRS-AD)	• Influenza • Tdap • Combination	No
Provisional Adult Core Set Measures (Voluntary for 2025 Core Set Reporting)		
Postpartum Depression Screening and Follow-Up: Age 21 and Older (PDS-AD)	• Depression screening • Follow-up on positive screen	No

Note: An asterisk (*) next to the rate name indicates that there are fewer rates in the measure stratification section than in the Performance Measure section.

Table A.3. Health Home Core Set Measures and Rates Included in the Measure Stratification Section for 2025 Core Sets Reporting

Measure Name (Measure Acronym)	Rates Included in the Measure Stratification Section	Mandatory Stratification for 2025
2025 Mandatory Health Home Core Set Measures[9]		
Admission to a Facility from the Community (AIF-HH)	• Total (age 18 and older): Short-term admissions per 1,000 enrollee months* • Total (age 18 and older): Medium-term admissions per 1,000 enrollee months* • Total (age 18 and older): Long-term admissions per 1,000 enrollee months*	No
Controlling High Blood Pressure (CBP-HH)	• Total (ages 18 to 85)*	Yes
Screening for Depression and Follow-Up Plan (CDF-HH)	• Total (age 12 and older)*	No
Colorectal Cancer Screening (COL-HH)	• Ages 46 to 50 • Ages 51 to 65 • Ages 66 to 75	Yes
Follow-Up After Emergency Department Visit for Substance Use (FUA-HH)	• Follow-up within 30 days of ED visit: Total (age 13 and older)* • Follow-up within 7 days of ED visit: Total (age 13 and older)*	No
Follow-Up After Hospitalization for Mental Illness (FUH-HH)	• Follow-up within 30 days after discharge: Total (age 6 and older)* • Follow-up within 7 days after discharge: Total (age 6 and older)*	Yes
Follow-Up After Emergency Department Visit for Mental Illness: Age 6 and Older (FUM-HH)	• 30-day follow-up after ED visit for mental illness: Total (age 6 and older)* • 7-day follow-up after ED visit for mental illness: Total (age 6 and older)*	No
Initiation and Engagement of Substance Use Disorder Treatment (IET-HH)	• Initiation of SUD treatment: Total SUD: Total (age 13 and older)* • Engagement of SUD treatment: Total SUD: Total (age 13 and older)*	No
Inpatient Utilization (IU-HH)	• Inpatient: Total inpatient*	No
Use of Pharmacotherapy for Opioid Use Disorder (OUD-HH)	• Total rate*	No
Plan All-Cause Readmissions (PCR-HH)	• CMS is not collecting stratified data for this measure for 2025 Core Sets reporting.*	No

Note: An asterisk (*) next to the rate name indicates that there are fewer rates in the measure stratification section than in the Performance Measure section.

[9] These measures are mandatory for program-level reporting which is then reported by the state. A subset of these measures are mandatory for stratified reporting, as indicated in the final column of the table.

Appendix B: Mapping Geography Categories using RUCA and CBSA Standards

This appendix provides additional guidance for mapping urban and rural categories using Rural-Urban Commuting Area (RUCA) and Core-Based Statistical Area (CBSA) standards.

- Table B.1 shows how to map geography categories based on RUCA standards into Urban and Rural.
- Table B.2 shows how to map geography categories based on CBSA standards into Urban and Rural.

Table B.1. Mapping Urban and Rural Categories Using Rural-Urban Commuting Area (RUCA) Codes

States can use RUCA codes to assign each beneficiary's address to one of ten categories based on measures of population density, urbanization, and daily commuting. The RUCA codes can be assigned based on U.S. census tracts or ZIP code areas. The most recent RUCA codes are based on data from the 2010 decennial census and the 2006–10 American Community Survey. More information about RUCA codes, including the data tables that states can use to classify beneficiaries, is available at: https://www.ers.usda.gov/data-products/rural-urban-commuting-area-codes/. Table B.1 shows how each of the 10 categories can be mapped to an Urban or Rural designation for the purpose of Core Set reporting.

Urban/Rural Classification	RUCA Category
Urban	1. Metropolitan area core: primary flow with an urbanized area
Urban	2. Metropolitan area high commuting: primary flow 30% or more to an urbanized area
Urban	3. Metropolitan area low commuting: primary flow greater than or equal to 10% and less than 30% to an urbanized area
Rural	4. Micropolitan area core: primary flow within an urban cluster of 10,000 to 49,999 (large urban cluster)
Rural	5. Micropolitan high commuting: primary flow 30% or more to a large urban cluster
Rural	6. Micropolitan low commuting: primary flow greater than or equal to 10% and less than 30% to a large urban cluster
Rural	7. Small town core: primary flow within an urban cluster of 2,500 to 9,999 (small urban cluster)
Rural	8. Small town high commuting: primary flow 30% or more to a small urban cluster
Rural	9. Small town low commuting: primary flow greater than or equal to 10% and less than 30% to a small urban cluster
Rural	10. Rural areas: primary flow to a tract outside of an urbanized area or urban cluster

Source: https://www.ers.usda.gov/data-products/rural-urban-commuting-area-codes/.

Table B.2. Mapping Urban and Rural Categories Using Core-Based Statistical Area (CBSA) Standards

States can use CBSA standards to assign each beneficiary's address to one of three categories of urbanization. More information about the CBSA standards, including the mapping tools and reference files that states can use to classify beneficiaries, is available at: https://www.census.gov/geographies/reference-maps/2020/geo/cbsa.html. Table B.2. shows how each of the three categories can be mapped to an Urban or Rural designation for the purpose of Core Set reporting.

CBSA Classification	Characteristics
Urban	Metropolitan Statistical Areas: Have at least one urbanized area of 50,000 or more population, plus adjacent territory that has a high degree of social and economic integration with the core as measured by commuting ties.
Rural	Micropolitan Statistical Areas: Have at least one urban cluster of at least 10,000 but less than 50,000 population, plus adjacent territory that has a high degree of social and economic integration with the core as measured by commuting ties.
Rural	Non-CBSA: Do not have at least one urban cluster of at least 10,000 population.

Source: https://www.census.gov/geographies/reference-maps/2020/geo/cbsa.html.