

Technical Assistance Webinar to Support State Reporting of the Child, Adult, and Health Home Core Sets: 2026 Updates and Reporting Resources

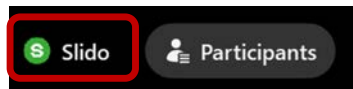
March 25, 2026

Presented by:

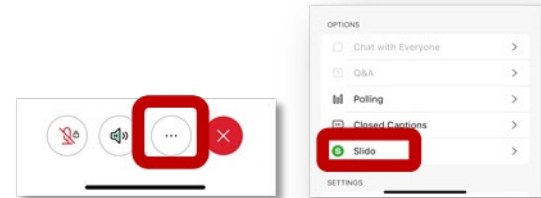
Deepti Agnihotri, Daphne Asteriadis, Nidaa Ekram, Katie Booth,
and Alli Steiner (Mathematica)

Technical Instructions

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CMCS Remarks

Gigi Raney, CMCS
Sara Rhoades, CMCS

Objectives

- Summarize updates to the 2026 Child, Adult, and Health Home Core Sets
- Summarize key 2026 Core Set measure specification updates
- Review reporting of stratified data for 2026
- Review use of alternate data sources for 2026
- Discuss digital quality measures for 2026 Core Sets reporting
- Describe 2026 data quality considerations
- Share technical assistance (TA) resources
- Preview timeline for 2026 reporting

2026 Child, Adult, and Health Home Core Set Updates

Updates to the 2026 Child and Adult Core Sets (1/2)

Core Set	New Measure for Mandatory Reporting in 2026
Child	<ul style="list-style-type: none"> Oral Evaluation During Pregnancy: Ages 15 to 20 (O EVP-CH)
Core Set	New Provisional Measures for Voluntary Reporting in 2026
Child	<ul style="list-style-type: none"> Prenatal Depression Screening and Follow-Up: Under Age 21 (PND-CH)
Adult	<ul style="list-style-type: none"> Prenatal Depression Screening and Follow-Up: Age 21 and Older (PND-AD)
Core Set	Utilization Measures for Voluntary Reporting in 2026
Child	<ul style="list-style-type: none"> Childhood Immunization Status (CIS-CH) Immunizations for Adolescents (IMA-CH) Prenatal Immunization Status: Under Age 21 (PRS-CH)
Adult	<ul style="list-style-type: none"> Prenatal Immunization Status: Age 21 and Older (PRS-AD)

Updates to the 2026 Child and Adult Core Sets (2/2)

Core Set	Measures Retired for 2026
Child	<ul style="list-style-type: none">• No retired measures
Adult	<ul style="list-style-type: none">• Antidepressant Medication Management (AMM-AD)• Long-Term Services and Supports Comprehensive Care Plan and Update (CPU-AD)¹• National Core Indicators Survey (NCIIDD-AD)¹• Use of Opioids at High Dosage in Persons Without Cancer (OHD-AD)

¹ Measure will transition from the Adult Core Set to the Home and Community-Based Services Quality Measure Set. Updates to the 2026 Child and Adult Core Sets were announced in the December 2024 and December 2025 State Health Official (SHO) letters, available at [2026 Updates to the Child and Adult Core Health Care Quality Measurement Sets and Mandatory Reporting Guidance](#) and [2027 Updates to the Child and Adult Core Health Care Quality Measurement Sets and Mandatory Reporting Guidance](#).

Updates to the 2026 1945 and 1945A Health Home Core Sets

Core Set	Measures Added for 2026
1945 Health Home	<ul style="list-style-type: none">• No added measures
1945A Health Home	<ul style="list-style-type: none">• No added measures
Core Set	Measures Retired for 2026
1945 Health Home	<ul style="list-style-type: none">• No retired measures
1945A Health Home	<ul style="list-style-type: none">• No retired measures

Guidance related to the 2026 1945 and 1945A Health Home Core Sets was announced in a July 11, 2025, State Medicaid Director Letter, available at <https://www.medicaid.gov/federal-policy-guidance/downloads/smd25002.pdf>.

Summary of Key 2026 Core Set Measure Specification Updates

Data Collection and Reporting Updates

- Retired the administrative and hybrid specifications for three measures. These measures are specified for Electronic Clinical Data Systems (ECDS) reporting:
 - CCS-AD
 - CIS-CH/HHA
 - IMA-CH/HHA

Summary of Updates for 2026

- This section highlights key changes to 2026 Core Set technical specifications.
- More information is available in the Summary of Updates for each Core Set:
 - Child Core Set: <https://www.medicaid.gov/medicaid/quality-of-care/downloads/child-core-set-updates.pdf>.
 - Adult Core Set: <https://www.medicaid.gov/medicaid/quality-of-care/downloads/adult-core-set-updates.pdf>.
 - 1945 Health Home Core Set: <https://www.medicaid.gov/state-resource-center/medicaid-state-technical-assistance/downloads/1945-hh-change-summary-2026.pdf>.
 - **Coming Soon:** 1945A Health Home Core Set

Measure-Specific Updates: Adult Immunization Status (AIS-AD)

- Added a hepatitis B immunization indicator.
- Updated age ranges for the influenza, Td/Tdap, Zoster, and Pneumococcal immunization indicators.
- Removed the herpes zoster live vaccine from the herpes zoster immunization indicator.

Measure-Specific Updates: Breast Cancer Screening (BCS-AD)

- Revised the age range. The measure now includes breast cancer screenings for beneficiaries ages 40 to 74.
- For Adult Core Set reporting, states should calculate and report the measure for beneficiaries in the following age groups as of December 31 of the measurement year:
 - Ages 42 to 51
 - Ages 52 to 64
 - Ages 65 to 74
- The age groups include beneficiaries ages 42 to 74 to account for the 2-year, 3-month look-back period.

Measure-Specific Updates: Follow-Up After Hospitalization for Mental Illness (FUH-CH/AD/HH)

- Modified the denominator criteria to allow intentional self-harm diagnoses to take any position on the acute inpatient discharge claim (not just the principal diagnosis).
- Added phobia, anxiety, and additional intentional self-harm diagnoses to the denominator in the event/diagnosis criteria.
- Added visits with any diagnosis of a mental health disorder to the numerator.
- Added peer support and residential treatment services to the numerator.

Measure-Specific Updates: Follow-Up After Emergency Department Visit for Mental Illness (FUM-CH/AD/HH)

- Modified the denominator criteria to allow intentional self-harm diagnoses to take any position on the claim (not just the principal diagnosis).
- Added phobia, anxiety, and additional intentional self-harm diagnoses to the denominator in the event/diagnosis criteria.
- Modified the numerator criteria to allow a mental health diagnosis to take any position on the claim (not just the principal diagnosis).
- Deleted visits that required both a mental health diagnosis and self-harm diagnosis from the numerator.
- Added peer support services and residential treatment to the numerator.
- Added visits in a behavioral healthcare setting and psychiatric collaborative care management services to the numerator.
- Deleted the mental health diagnosis requirement for partial hospitalization/intensive outpatient visits, community mental health center visits and electroconvulsive therapy.

Reporting Stratified Data for 2026 Core Set Reporting

Stratification for 2026 Core Set Reporting (1/3)

- **REMINDER:** For 2026 Core Sets reporting, states must report stratified data for a subset of measures. For each measure subject to mandatory stratification, states must report data by race and ethnicity, sex, and geography.

– Child Core Set

- Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis: Ages 3 Months to 17 Years (AAB-CH)^
- Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication (ADD-CH)^
- Asthma Medication Ratio: Ages 5 to 18 (AMR-CH)^
- Follow-Up After Emergency Department Visit for Substance Use: Ages 13 to 17 (FUA-CH)^
- Follow-Up After Hospitalization for Mental Illness: Ages 6 to 17 (FUH-CH)
- Lead Screening in Children (LSC-CH)^
- Live Births Weighing Less Than 2,500 Grams (LBW-CH)
 - *CMS calculates on behalf of states*
- Low-Risk Caesarean Delivery: Under Age 20 (LRCD-CH)
 - *CMS calculates on behalf of states*
- Oral Evaluation, Dental Services (OEV-CH)
- Prenatal and Postpartum Care: Under Age 21 (PPC2-CH)
- Well-Child Visits in the First 30 Months of Life (W30-CH)
- Child and Adolescent Well-Care Visits (WCV-CH)

A caret symbol (^) indicates that 2026 is the first year the measure is subject to mandatory stratification.

Stratification for 2026 Core Set Reporting (2/3)

– Adult Core Set

- Follow-Up After Emergency Department Visit for Substance Use: Age 18 and Older (FUA-AD)
- Follow-Up After Hospitalization for Mental Illness: Ages 18 and Older (FUH-AD)
- Follow-Up After Emergency Department Visit for Mental Illness: Age 18 and Older (FUM-AD)^
- Initiation and Engagement of Substance Use Disorder Treatment (IET-AD)
- Use of Pharmacotherapy for Opioid Use Disorder (OUD-AD)^

– 1945 Health Home

- Colorectal Cancer Screening (COL-HH)
- Follow-Up After Hospitalization for Mental Illness (FUH-HH)
- Controlling High Blood Pressure (CBP-HH)
- Follow-Up After Emergency Department Visit for Substance Use (FUA-HH)^
- Follow-Up After Emergency Department Visit for Mental Illness (FUM-HH)^
- Use of Pharmacotherapy for Opioid Use Disorder (OUD-HH)^

– 1945A Health Home

- Child and Adolescent Well-Care Visits (WCV-HHA)
- Oral Evaluation, Dental Services (OEV-HHA)

A caret symbol (^) indicates that 2026 is the first year the measure is subject to mandatory stratification.

Stratified reporting requirements for the 2026 Child and Adult Core Sets were announced in the December 2024 State Health Official (SHO) letter and then updated in the December 2025 SHO letter, available at [2026 Updates to the Child and Adult Core Health Care Quality Measurement Sets and Mandatory Reporting Guidance](#) and [2027 Updates to the Child and Adult Core Health Care Quality Measurement Sets and Mandatory Reporting Guidance](#).

Stratified reporting requirements for the 2026 Health Home Core Sets were announced in a State Medicaid Director Letter: <https://www.medicaid.gov/federal-policy-guidance/downloads/smd25002.pdf> and the Final Rule: <https://www.federalregister.gov/documents/2023/08/31/2023-18669/medicaid-program-and-chipmandatory-medicaid-and-childrens-health-insurance-program-chip-core-set>.



Stratification for 2026 Core Set Reporting (3/3)

- For 2026 Core Set Reporting, states can stratify race and ethnicity data using either of two reporting options:
 - (1) the 1997 Office of Management and Budget minimum race and ethnicity categories, as specified in the 2011 HHS standards; 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.
- **Now Available:** TA Resource on Reporting Stratified Results in the Quality Measure Reporting System for the 2026 Child, Adult, and Health Home Core Sets.
 - This TA resource provides additional guidance on stratification categories, including the two reporting options for race and ethnicity.
 - <https://www.medicaid.gov/medicaid/quality-of-care/downloads/QMR-stratification-resource.pdf>

QMR Stratification for 2026 Reporting: Race Categories and Detailed Categories Option 1: 1997 OMB Standards, as Specified in the 2011 HHS Standards

- Race¹:
 - American Indian or Alaska Native
 - Asian*
 - Asian Indian, Chinese, Filipino, Japanese, Korean, Vietnamese, Other Asian, Another Detailed Category
 - Black or African American
 - Native Hawaiian or Other Pacific Islander*
 - Native Hawaiian, Guamanian or Chamorro, Samoan, Other Pacific Islander, Another Detailed Category
 - White
 - Two or More Races**
 - Some Other Race
 - Missing or Not Reported
 - Another Race

* For these categories, states can choose to report aggregate data (e.g., Asian) or further stratify by detailed category (e.g., Asian Indian, Chinese, Filipino, Japanese, Korean, Vietnamese, Other Asian).

** 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.

¹ Defined using the disaggregation of the 1997 Office of Management and Budget (OMB) minimum race and ethnicity standards, as specified in the 2011 Health and Human Services (HHS) standards.

QMR Stratification for 2026 Reporting: Ethnicity Categories and Detailed Categories Option 1: 1997 OMB Standards, as Specified in the 2011 HHS Standards

- Ethnicity¹:
 - Not 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 Detailed Category
 - Missing or Not Reported
 - Another Ethnicity

* For this category, states can choose to report aggregate data (e.g., Hispanic, Latino/a, or Spanish) or further stratify by detailed category (e.g., Mexican, Mexican American, Chicano/a, Puerto Rican, Cuban, Another Hispanic, Latino/a, or Spanish origin).

¹ Defined using the disaggregation of the 1997 Office of Management and Budget (OMB) minimum race and ethnicity standards, as specified in the 2011 HHS standards.

QMR Stratification for 2026 Reporting: Race and Ethnicity Categories and Detailed Categories Option 2: 2024 OMB Statistical Policy Directive No. 15

- Race and ethnicity¹:
 - 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 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

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

¹ Defined using 2024 OMB Statistical Policy Directive No. 15: Standards for Maintaining, Collecting, and Presenting Federal Data on Race and Ethnicity.



Reporting Data Stratified by Race and Ethnicity: Key Differences in Reporting Options

1997 OMB minimum race and ethnicity categories, as specified in the 2011 HHS standards:

- Race and ethnicity are reported as separate variables
- Option to add another race or ethnicity category
- Option to report “Two or More Races” or “Some Other Race”

2024 OMB Statistical Policy Directive No. 15 race and ethnicity standards:

- Race and ethnicity are reported as a combined variable
- Uses the *alone or in combination* approach, in which categories are not mutually exclusive
 - A person who identifies as more than one race or ethnicity would be included in each applicable category
- No option to add another race and ethnicity category
 - User can add “Another group” within a race and ethnicity category
- Additional race and ethnicity categories, including new category for Middle Eastern or North African

QMR Stratification for 2026 Reporting: Sex

- Sex¹:
 - Male
 - Female
 - Missing or Not Reported

¹ Note, that if a measure is only specified for female beneficiaries, there will not be a reporting option for sex stratification.

QMR Stratification for 2026 Reporting: Geography

- Geography¹:
 - Urban
 - Rural
 - Add Another Geography*
 - Missing or Not Reported

* States can add additional geography categories but should give them a descriptive label, such as “Frontier.”

¹ Defined using a minimum standard of core-based statistical area (CBSA) with recommendation to move toward Rural-Urban Commuting Area (RUCA) codes.

NEW QMR Stratification for 2026 Reporting: Optional Stratification Categories

CMS is adding optional additional stratification categories which include:

- Child Core Set (Medicaid report only):
 - Foster Care
- Adult Core Set (Medicaid report only):
 - Medicaid Expansion
- 1945 Health Home
 - Foster Care
 - Medicaid Expansion
- 1945A Health Home
 - Foster Care

Use of Alternate Data Sources for 2026 Core Sets Reporting

Alternate Data Source: AHRQ CAHPS Database CPC-CH, CPA-AD, and MSC-AD

- CMS is collaborating with the Agency for Healthcare Research and Quality (AHRQ) to use data from the Consumer Assessment of Healthcare Providers and Systems (CAHPS) Health Plan Survey Database to report the CPC-CH, CPA-AD, and MSC-AD measures.
- **CMS will use data from the AHRQ CAHPS Database for public reporting of Core Set measures.**
- Medicaid and CHIP agencies and health plans should submit CAHPS Health Plan Survey data to the 2026 AHRQ CAHPS Database in June 2026 (June 1 – June 26). This includes surveys administered between June 28, 2025 and June 26, 2026. States that cannot meet this deadline can report that they conducted a CAHPS survey for the Child and/or Adult Medicaid population for 2026 in the QMR system.
- Entities that submit data in the AHRQ CAHPS Database will be invited to approve the sharing the data with CMS for the purpose of 2026 Core Set reporting.
- In Spring 2027, states will receive a preview report showing their state-level results based on submissions to the AHRQ CAHPS Database.
- Fact Sheet on CAHPS Reporting Requirements and Data Submission: <https://www.medicaid.gov/medicaid/quality-of-care/downloads/cahpsfactsheet.pdf>.
- For more information on the AHRQ CAHPS Database, please visit <https://www.ahrq.gov/cahps/cahps-database/index.html> or contact us at MAC-CAHPS-TA@mathematica-mpr.com.

Alternate Data Source: CDC WONDER LBW-CH and LRCD-CH/AD

- CMS will continue to calculate the Live Births Weighing Less than 2,500 Grams (LBW-CH) and Low-Risk Cesarean Delivery (LRCD-CH/AD) measures for all states using natality data submitted by states and compiled by the National Center for Health Statistics (NCHS) in the CDC's Wide-ranging Online Data for Epidemiologic Research (CDC WONDER).
- In Spring 2027, CMS will send states a preview of the 2026 LBW-CH and LRCD-CH/AD measures. The measures will be calculated using calendar year 2025 natality data.

Transitioning Toward Digital Quality Measures (dQM)

Transition Toward Digital Quality Measures in the Child, Adult, and Health Home Core Sets (1/2)

- CMS defines dQMs as quality measures that:
 - Use standardized, digital data from one or more sources of health information that are captured and exchanged via interoperable systems
 - Apply quality measure specifications that are standards-based and use code packages
 - Are computable in an integrated environment.
- More information about digital quality measurement in CMS quality programs is available at <https://ecqi.healthit.gov/dqm/about-dqms>.
- The 2026 Child, Adult, and Health Home Core Sets include several measures with digital specifications.
- CMS is working to support states in reporting dQMs, including incorporating additional digital data sources.
 - **Now available:** TA resource on reporting digital quality measures in the 2026 Child, Adult, and Health Home Core Sets: <https://www.medicaid.gov/medicaid/quality-of-care/downloads/digital-quality-measures-ta-resource.pdf>.
 - **By request:** State readiness resource on reporting digital quality measures in the 2026 Child, Adult, and Health Home Core Sets. Email MACQualityTA@cms.hhs.gov to request.
 - **Coming soon:** Digital quality measurement foundations webinar on April 30, 2026.
 - **Coming soon:** Fact Sheet on digital quality measurement.

Transition Toward Digital Quality Measures in the Child, Adult, and Health Home Core Sets (2/2)

- dQMs include measures with electronic clinical quality measure (eCQM) specifications. When eCQM specifications are available for a measure, the resource manuals include a link in the Guidance for Reporting section of the measure specification.
- dQMs also include measures with Electronic Clinical Data Systems (ECDS) specifications. The Core Set Resource Manuals include human readable ECDS technical specifications and guidelines for Core Set reporting.
 - The ECDS data collection method uses multiple data sources. For example, ECDS data sources may include one or more of the following: eligibility files, electronic health records (EHRs), personal health records (PHRs), clinical registries, health information exchanges (HIEs), or administrative claims systems.
 - The human readable ECDS technical specifications support states as they transition towards the ability to report these measures digitally.

Reporting Digital Quality Measures in QMR

- States that use **eCQM specifications** should indicate this by selecting “Electronic Health Records” in the Data Source section.
 - An optional free text field will appear where the state can provide any additional information about the data source.
- States that use the **ECDS specifications** (including the human readable specifications in the resource manual) should select “Electronic Clinical Data Systems” in the Data Source section. States can then select from a list of the specific data sources that they used to calculate the measure. States can select all that apply:
 - Administrative
 - Electronic health record (EHR)/ personal health registry (PHR)
 - Health information exchange (HIE)
 - Clinical registry
 - Case management system
 - An optional free text field will appear where the state can provide any additional information about their data sources.
- States that used the ECDS method and administrative data alone should select “ECDS – Administrative” as long as the state followed the technical specifications in the Core Set resource manual.

Measures that Include ECDS Specifications for 2026 Reporting

Core Set	2026 measures with <i>only ECDS</i> specifications ^a
Child	Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM-CH) (Mandatory)
	Immunizations for Adolescents (IMA-CH) (Utilization)
	Postpartum Depression Screening and Follow-Up: Under Age 21 (PDS-CH) (Provisional)
	Prenatal Depression Screening and Follow-Up: Under Age 21 (PND-CH) (Provisional)
	Prenatal Immunization Status: Under Age 21 (PRS-CH) (Utilization)
Adult	Adult Immunization Status (AIS-AD) (Voluntary)
	Postpartum Depression Screening and Follow-Up: Age 21 and Older (PDS-AD) (Provisional)
	Prenatal Depression Screening and Follow-Up: Age 21 and Older (PND-AD) (Provisional)
	Prenatal Immunization Status: Age 21 and Older (PRS-AD) (Utilization)
Core Set	2026 measures with <i>only ECDS or EHR</i> specifications ^b
Child	Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication (ADD-CH) (Mandatory)
	Childhood Immunization Status (CIS-CH) (Utilization)
Adult	Breast Cancer Screening (BCS-AD) (Voluntary)
	Cervical Cancer Screening (CCS-AD) (Voluntary)
	Colorectal Cancer Screening (COL-AD) (Voluntary)
1945 Health Home	Colorectal Cancer Screening (COL-HH) (Mandatory)

^a The 2026 1945 Health Home and 1945A Health Home Core Sets did not have any measures in this category.

^b The 2026 1945A Health Home Core Set did not have any measures in this category.

Note: The CIS-CH and IMA-CH measures are specified for ECDS reporting. However, ECDS specifications are not currently available for 1945A Health Home Core Set reporting.

2026 Data Quality Considerations

2026 Data Quality Considerations (1/4)

- Overview of data quality considerations for 2026 Core Sets reporting:
 - Data completeness
 - Data accuracy
 - Data consistency
 - Data methods and documentation
 - Adherence to Core Set technical specifications
- Combined data quality checklist for the Child, Adult, and Health Home Core Sets can be found on Medicaid.gov.
 - <https://www.medicicaid.gov/medicaid/quality-of-care/downloads/child-adult-healthhomes-data-quality-checklist.pdf>

2026 Data Quality Considerations (2/4)

- States should adhere to the Core Set technical specifications.
 - States that need to vary from the Core Set specifications should document any variations, including age groups, data sources, and methods.
- States should ensure that measure calculations correctly group Medicaid and CHIP populations.
 - For Child Core Set reporting, states with separate CHIP are required to report performance data separately for: (1) Medicaid (inclusive of both Title XIX-funded Medicaid and Title XXI-funded Medicaid expansion CHIP, if applicable for the state); and (2) Separate CHIP (Title XXI).

2026 Data Quality Considerations (3/4)

- States should include all measure-eligible populations and services in the measures:¹
 - Programs (Medicaid, Medicaid-expansion CHIP, separate CHIP²)
 - Delivery systems (managed care, fee-for-service, PCCM)
 - Special populations (for example individuals in foster care)
 - Health care settings (for example, services provided at federally-qualified health centers, rural health clinics, or Indian Health Service facilities)
- If your state did not include some measure-eligible populations, please select “No” to the question that asks: “Does this denominator represent your total measure-eligible population as defined by the technical specifications for this measure?”
 - Then please describe the missing population and the size of the excluded population in the provided fields.

¹ CMS is exempting the states from reporting on the following populations for the 2026 mandatory Child and Adult measures: (1) Beneficiaries who have other insurance coverage as a primary payer before Medicaid or CHIP, including individuals dually eligible for Medicare and Medicaid; and (2) Individuals whose Medicaid or CHIP coverage is limited to payment of liable third-party coverage premiums and/or cost sharing.

² Reporting of CHIP populations is optional but encouraged for the Adult Core Set.

2026 Data Quality Considerations (4/4)

- States should ensure that stratified reporting is accurate and complete.
 - When reporting Race/Ethnicity data, states should confirm which race and ethnicity standard the state is using before beginning data entry.
 - If a state does not collect data for a specific category (e.g., Asian), do not select that category in the reporting system. If a state has data for a selected category or detailed category but there are zero measure-eligible beneficiaries that fall into that category or detailed category, enter zero in the numerator and denominator fields.
 - All measure-eligible beneficiaries should be included in stratified reporting. States should use the “Missing or Not Reported” category as needed to ensure each measure-eligible beneficiary is included in each standard (race and ethnicity, sex, and geography).
 - Summarize contextual information in the open text field that could be helpful in interpreting a state’s data, such as: “Used administrative data for stratified rates.”

2026 Data Quality Considerations: Tips for Text Fields

- The QMR system includes text fields that are combined into “state-specific comments (SSC),” which accompany state rates in public reporting (including the Core Set Data Dashboard and Scorecard for applicable measures).
- Information in the following text fields are included in SSCs:
 - Data source descriptions
 - Descriptions of other populations and excluded populations
 - Variations
 - Additional notes/comments on measure
 - Other delivery systems
- Text fields that are used to create the SSCs are indicated in the QMR system with a note.
- Text entered in these fields should be concise and only include context that is necessary for understanding a state’s data.
- Use complete sentences; avoid using special formatting (bullets, tables).
- Additional information on how the SSCs are automated is available at <https://www.medicare.gov/quality-of-care/downloads/QMRCoreSetReportingGuidance.pdf>.

Technical Assistance Resources

State Mandatory Reporting Letters

- CMS will send a letter to each state later this Spring to identify any gaps in 2025 reporting and to support states in meeting 2026 mandatory reporting requirements.
- The letter will indicate whether the state met key 2025 mandatory reporting requirements, including whether the state reported all populations for mandatory measures.
- The letter will also include reminders and guidance about requirements for 2026 mandatory reporting.

Populations and Population Exemption Process

- The following populations, which were identified as exempt in the Initial Mandatory Core Set SHO Letter, will remain exempt from Child and Adult Core Set mandatory reporting for 2026 due to states' systematic challenges with data access:
 - Beneficiaries who have other insurance coverage as a primary payer before Medicaid or CHIP, including individuals dually eligible for Medicare and Medicaid.
 - Individuals whose Medicaid or CHIP coverage is limited to payment of liable third-party coverage premiums and/or cost sharing.
- A population exemption request is not required if the population is not eligible to receive services assessed in the measure.
 - For example, some states may only cover pregnancy-related services for beneficiaries enrolled in the from-conception-to-end-of-pregnancy population in separate CHIP. These states will need to determine if the individuals in this program are eligible to receive the services assessed in the measure to determine whether the individuals are eligible for each measure.
- States can request a one-year exemption from reporting for specific populations for one or more Child and/or Adult Core Set measures.*
 - Exemption requests must come from the State Medicaid Director and provide a reasonable timeline of the actions underway to resolve the issue if applicable so that the population can be included in state reporting in future years.
 - 2026 Core Set population exemption requests are for one year and must be submitted no later than September 1, 2026.

* There are no population exemptions for Health Home Core Sets reporting.

Resources for 2026 Child Core Set Reporting

Resource	Medicaid.gov Link
2026 Core Set Resource Pages	https://www.medicaid.gov/medicaid/quality-of-care/performance-measurement/adult-and-child-health-care-quality-measures/child-core-set-reporting-resources/index.html
2026 Core Set Measure List	https://www.medicaid.gov/medicaid/quality-of-care/downloads/2026-child-core-set.pdf
2026 Resource Manual and Technical Specifications*	https://www.medicaid.gov/medicaid/quality-of-care/downloads/medicaid-and-chip-child-core-set-manual.pdf
Summary of updates to the resource manual and technical specifications for 2026	https://www.medicaid.gov/medicaid/quality-of-care/downloads/child-core-set-updates.pdf
2026 Data Quality Checklist	https://www.medicaid.gov/medicaid/quality-of-care/downloads/child-adult-healthhomes-data-quality-checklist.pdf
2026 Measurement Period Table	https://www.medicaid.gov/medicaid/quality-of-care/downloads/2026-child-core-set-measurement-periods.pdf

* Some users have reported difficulties opening the Resource Manuals in Chrome due to Chrome settings. If this occurs, CMS recommends trying another web browser.

Resources for 2026 Adult Core Set Reporting

Resource	Medicaid.gov Link
2026 Core Set Resource Pages	https://www.medicaid.gov/medicaid/quality-of-care/quality-of-care-performance-measurement/adult-and-child-health-care-quality-measures/adult-core-set-reporting-resources/index.html
2026 Core Set Measure List	https://www.medicaid.gov/medicaid/quality-of-care/downloads/2026-adult-core-set.pdf
2026 Resource Manual and Technical Specifications*	https://www.medicaid.gov/medicaid/quality-of-care/downloads/medicaid-adult-core-set-manual.pdf
Summary of updates to the resource manual and technical specifications for 2026	https://www.medicaid.gov/medicaid/quality-of-care/downloads/adult-core-set-updates.pdf
2026 Data Quality Checklist	https://www.medicaid.gov/medicaid/quality-of-care/downloads/child-adult-healthhomes-data-quality-checklist.pdf
2026 Measurement Period Table	https://www.medicaid.gov/medicaid/quality-of-care/downloads/2026-adult-core-set-measurement-periods.pdf

* Some users have reported difficulties opening the Resource Manuals in Chrome due to Chrome settings. If this occurs, CMS recommends trying another web browser.

Resources for 2026

1945 Health Home Core Set Reporting

Resource	Medicaid.gov Link
2026 1945 Health Home Core Set Resource Pages	https://www.medicaid.gov/resources-for-states/medicaid-state-technical-assistance/health-home-information-resource-center/health-home-quality-reporting/index.html
2026 1945 Health Home Core Set Measure List	https://www.medicaid.gov/medicaid/quality-of-care/downloads/2026-1945-health-home-core-set.pdf
2026 1945 Health Home Resource Manual and Technical Specifications*	https://www.medicaid.gov/state-resource-center/medicaid-state-technical-assistance/downloads/2026-1945-HH-Core-Set-Manual.pdf
Summary of updates to the resource manual and technical specifications for 2026	https://www.medicaid.gov/state-resource-center/medicaid-state-technical-assistance/downloads/1945-hh-change-summary-2026.pdf
2026 Data Quality Checklist	https://www.medicaid.gov/state-resource-center/medicaid-state-technical-assistance/downloads/data-quality-checklist-for-states-2026.pdf
2026 1945 Health Home Measurement Period Table	https://www.medicaid.gov/state-resource-center/medicaid-state-technical-assistance/downloads/1945-hh-core-set-measurement-period-table-2026.pdf
2026 1945 Health Home Health Home Expected Reporting Table	https://www.medicaid.gov/state-resource-center/medicaid-state-technical-assistance/downloads/1945-health-home-reporting-table.pdf

* Some users have reported difficulties opening the Resource Manuals in Chrome due to Chrome settings. If this occurs, CMS recommends trying another web browser.



Resources for 2026 1945A Health Home Core Set Reporting

Resource	Medicaid.gov Link
2026 1945A Health Home Core Set Measure List	Coming Soon
2026 1945A Health Home Core Set Summary Reporting Resource	Coming Soon

Additional Resources for 2026 Child, Adult, and Health Home Core Set Reporting (1/2)

Measure(s)	Resource
All	Updated: Calculating State-Level Rates Using Data from Multiple Reporting Units (https://www.medicaid.gov/medicaid/quality-of-care/downloads/state-level-rates-brief.pdf)
All	Updated: Reporting Stratified Results in the Quality Measure Reporting System for the Child, Adult, and Health Home Core Sets (https://www.medicaid.gov/medicaid/quality-of-care/downloads/QMR-stratification-resource.pdf)
All Child and Adult Measures	Updated: Measure-Specific Attribution Guidance for the 2026 Core Set Measures (https://www.medicaid.gov/medicaid/quality-of-care/downloads/Core-Set-Medicaid-CHIP-Attribution.pdf)
AIF-HH	Updated: Calculating the Admission to a Facility from the Community (AIF-HH) Measure in the Health Home Core Set
CPC-CH, CPA-AD, MSC-AD	The CAHPS Health Plan Survey: Reporting Requirements and Data Submission for the Medicaid and the Children’s Health Insurance Program (CHIP) Core Sets and State CHIP Annual Reporting https://www.medicaid.gov/medicaid/quality-of-care/downloads/cahpsfactsheet.pdf

Additional Resources for 2026 Child, Adult, and Health Home Core Set Reporting (2/2)

Measure(s)	Resource
CCP-CH/AD, CCW-CH/AD	Coming soon: SAS code for calculating contraceptive care measures (https://opa.hhs.gov/claims-data-sas-program-instructions)
OEV-CH/HHA, OEVP-CH/AD, TFL-CH, SFM-CH, EDV-AD	Updated: Overview of the Dental and Oral Health Services Measures in the 2026 Child, Adult, and 1945A Health Home Core Sets (https://www.medicaid.gov/quality-of-care/downloads/dentaloralhealth-ta-resource.pdf)
PCR-AD/HH	Updated: Calculating the Plan All-Cause Readmissions (PCR) Measure in the 2026 Adult and Health Home Core Sets (https://www.medicaid.gov/medicaid/quality-of-care/downloads/pcr-ta-resource.pdf)
PQI01-AD, PQI05-AD, PQI08-AD, PQI15-AD	Free software for calculating the PQI measures (http://www.qualityindicators.ahrq.gov/Software/Default.aspx) <i>Note that the PQI measures in the Adult Core Set are reported as a rate per 100,000 beneficiary-months (not per 100,000 beneficiaries)</i>

Upcoming Technical Assistance (TA) for 2026 Core Sets Reporting

- One-on-one virtual TA on Core Sets reporting is available upon request from the TA mailbox: MACQualityTA@cms.hhs.gov.
- In April 2026, CMS will host a webinar on calculating digital quality measures.
- In Fall 2026, CMS will host a webinar on calculating and reporting the Core Set measures in the online reporting system.
- Stay tuned: Updates on additional webinars and TA resources will be announced through MACQualityTA@cms.hhs.gov.

Timeline for 2026 Reporting

- CMCS will open reporting for the Child, Adult, and Health Home Core Sets for 2026 reporting in September 2026.
- 2026 Core Sets reporting is due to CMS by December 31, 2026.

Q&A

To ask a question, please enter it into the Slido Q&A panel on the righthand side of the Webex platform.

Thank you for attending the webinar!

Appendix A: 2026 Core Set Measure Lists

2026 Child Core Set Measures (1/3)

Measure Name	Measure Steward	Data Collection Method
Behavioral Health Care		
Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication (ADD-CH)	NCQA	ECDS or EHR
Screening for Depression and Follow-Up Plan: Ages 12 to 17 (CDF-CH)	CMS	Administrative or EHR
Follow-Up After Hospitalization for Mental Illness: Ages 6 to 17 (FUH-CH)	NCQA	Administrative
Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM-CH)	NCQA	ECDS
Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP-CH)	NCQA	Administrative
Follow-Up After Emergency Department Visit for Substance Use: Ages 13 to 17 (FUA-CH)	NCQA	Administrative
Follow-Up After Emergency Department Visit for Mental Illness: Ages 6 to 17 (FUM-CH)	NCQA	Administrative
Primary Care Access and Preventive Care		
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC-CH)	NCQA	Administrative, hybrid, or EHR
Chlamydia Screening: Ages 16 to 20 (CHL-CH)	NCQA	Administrative or EHR
Well-Child Visits in the First 30 Months of Life (W30-CH)	NCQA	Administrative
Developmental Screening in the First Three Years of Life (DEV-CH)	OHSU	Administrative or hybrid
Child and Adolescent Well-Care Visits (WCV-CH)	NCQA	Administrative
Lead Screening in Children (LSC-CH)	NCQA	Administrative or hybrid

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2026 Child Core Set Measures (2/3)

Measure Name	Measure Steward	Data Collection Method
Maternal and Perinatal Health		
Live Births Weighing Less Than 2,500 Grams (LBW-CH) ^a	CDC/NCHS	State vital records
Prenatal and Postpartum Care: Under Age 21 (PPC2-CH)	NCQA	Administrative or hybrid
Contraceptive Care – Postpartum Women Ages 15 to 20 (CCP-CH)	OPA	Administrative
Contraceptive Care – All Women Ages 15 to 20 (CCW-CH)	OPA	Administrative
Low-Risk Cesarean Delivery: Under Age 20 (LRCD-CH) ^a	CDC/NCHS	State vital records
Care of Acute and Chronic Conditions		
Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis: Ages 3 Months to 17 Years (AAB-CH)	NCQA	Administrative
Asthma Medication Ratio: Ages 5 to 18 (AMR-CH)	NCQA	Administrative
Dental and Oral Health Services		
Oral Evaluation, Dental Services (OEV-CH)	DQA (ADA)	Administrative
Topical Fluoride for Children (TFL-CH)	DQA (ADA)	Administrative
Sealant Receipt on Permanent First Molars (SFM-CH)	DQA (ADA)	Administrative
Oral Evaluation During Pregnancy: Ages 15 to 20 (OEV-CH) ^b	DQA (ADA)	Administrative
Experience of Care		
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) ^c	AHRQ	Survey

2026 Child Core Set Measures (3/3)

More information on Updates to the 2026 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/compilation-of-annual-updates-child-and-adult-core-health-care-quality-measurement-sets>. A resource that provides a history of the measures included in the Child and Adult Core Sets is available at <https://www.medicaid.gov/medicaid/quality-of-care/downloads/core-set-history-table.pdf>.

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.

^a This measure is calculated by CMS on behalf of states.

^b This measure was added to the 2026 Child Core Set.

^c AHRQ is the measure steward for the survey instrument in the Child Core Set and NCQA is the developer of the survey administration protocol.

AHRQ = Agency for Healthcare Research & Quality; CDC = Centers for Disease Control and Prevention; CHIP = Children's Health Insurance Program; CMS = Centers for Medicare & Medicaid Services; DQA (ADA) = Dental Quality Alliance (American Dental Association); ECDS = Electronic Clinical Data Systems; EHR = Electronic Health Record; NCHS = National Center for Health Statistics; NCQA = National Committee for Quality Assurance; OHSU = Oregon Health and Science University; OPA = U.S. Office of Population Affairs.

2026 Provisional and Utilization Measures for Children

Measure Name	Measure Steward	Data Collection Method
2026 Provisional Measures (Voluntary for 2026 Reporting)		
Postpartum Depression Screening and Follow-Up: Under Age 21 (PDS-CH)	NCQA	ECDS
Prenatal Depression Screening and Follow-Up: Under Age 21 (PND-CH)	NCQA	ECDS
2026 Utilization Measures (Voluntary for 2026 Reporting)		
Childhood Immunization Status (CIS-CH) ^a	NCQA	ECDS or EHR
Immunizations for Adolescents (IMA-CH) ^a	NCQA	ECDS
Prenatal Immunization Status: Under Age 21 (PRS-CH) ^a	NCQA	ECDS

More information on Updates to the 2026 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/compilation-of-annual-updates-child-and-adult-core-health-care-quality-measurement-sets>. A resource that provides a history of the measures included in the Child and Adult Core Sets is available at <https://www.medicaid.gov/medicaid/quality-of-care/downloads/core-set-history-table.pdf>.

^a These measures were removed from the 2026 Child Core Set. Although not part of the Child Core Set, states may voluntarily report on the results of these three utilization measures to CMS to allow CMS to maintain a longitudinal dataset.

ECDS = Electronic Clinical Data Systems; EHR = Electronic Health Record; NCQA = National Committee for Quality Assurance.

2026 Adult Core Set Measures (1/3)

2026 Mandatory Adult Core Set Measures

Measure Name	Measure Steward	Data Collection Method
Behavioral Health Care		
Initiation and Engagement of Substance Use Disorder Treatment (IET-AD)	NCQA	Administrative or EHR
Medical Assistance with Smoking and Tobacco Use Cessation (MSC-AD)	NCQA	Survey
Screening for Depression and Follow-Up Plan: Age 18 and Older (CDF-AD)	CMS	Administrative or EHR
Follow-Up After Hospitalization for Mental Illness: Age 18 and Older (FUH-AD)	NCQA	Administrative
Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD-AD)	NCQA	Administrative
Diabetes Care for People with Serious Mental Illness: Glycemic Status > 9.0% (HPCMI-AD) ^a	NCQA	Administrative or hybrid
Use of Pharmacotherapy for Opioid Use Disorder (OUD-AD)	SAMHSA	Administrative
Follow-Up After Emergency Department Visit for Substance Use: Age 18 and Older (FUA-AD)	NCQA	Administrative
Follow-Up After Emergency Department Visit for Mental Illness: Age 18 and Older (FUM-AD)	NCQA	Administrative
Adherence to Antipsychotic Medications for Individuals With Schizophrenia (SAA-AD) ^a	NCQA	Administrative

2026 Voluntary Adult Core Set Measures

Measure Name	Measure Steward	Data Collection Method
Primary Care Access and Preventive Care		
Cervical Cancer Screening (CCS-AD)	NCQA	ECDS or EHR
Chlamydia Screening: Ages 21 to 24 (CHL-AD)	NCQA	Administrative or EHR
Colorectal Cancer Screening (COL-AD)	NCQA	ECDS or EHR
Breast Cancer Screening (BCS-AD)	NCQA	ECDS or EHR
Adult Immunization Status (AIS-AD)	NCQA	ECDS

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2026 Adult Core Set Measures (2/3)

2026 Voluntary Adult Core Set Measures (continued)

Measure Name	Measure Steward	Data Collection Method
Maternal and Perinatal Health		
Prenatal and Postpartum Care: Age 21 and older (PPC2-AD)	NCQA	Administrative or hybrid
Contraceptive Care – Postpartum Women Ages 21 to 44 (CCP-AD)	OPA	Administrative
Contraceptive Care – All Women Ages 21 to 44 (CCW-AD)	OPA	Administrative
Low-Risk Cesarean Delivery: Age 20 and Older (LRCD-AD) ^b	CDC/NCHS	State Vital Records
Care of Acute and Chronic Conditions		
Controlling High Blood Pressure (CBP-AD)	NCQA	Administrative, hybrid, or EHR
Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis: Age 18 and Older (AAB-AD)	NCQA	Administrative
Glycemic Status Assessment for Patients with Diabetes (GSD-AD)	NCQA	Administrative or hybrid
PQI 01: Diabetes Short-Term Complications Admission Rate (PQI01-AD)	AHRQ	Administrative
PQI 05: Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults Admission Rate (PQI05-AD)	AHRQ	Administrative
PQI 08: Heart Failure Admission Rate (PQI08-AD)	AHRQ	Administrative
PQI 15: Asthma in Younger Adults Admission Rate (PQI15-AD)	AHRQ	Administrative
Plan All-Cause Readmissions (PCR-AD)	NCQA	Administrative
Asthma Medication Ratio: Ages 19 to 64 (AMR-AD)	NCQA	Administrative
HIV Viral Load Suppression (HVL-AD)	HRSA	Administrative or EHR
Concurrent Use of Opioids and Benzodiazepines (COB-AD)	PQA	Administrative

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2026 Adult Core Set Measures (3/3)

2026 Voluntary Adult Core Set Measures (continued)

Measure Name	Measure Steward	Data Collection Method
Dental and Oral Health Services		
Oral Evaluation During Pregnancy: Ages 21 to 44 (OEP-AD)	DQA (ADA)	Administrative
Ambulatory Care Sensitive Emergency Department Visits for Non-Traumatic Dental Conditions in Adults (EDV-AD)	DQA (ADA)	Administrative
Experience of Care		
Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Health Plan Survey 5.1H, Adult Version (Medicaid) (CPA-AD) ^c	AHRQ	Survey

More information on Updates to the 2026 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/compilation-of-annual-updates-child-and-adult-core-health-care-quality-measurement-sets>. A resource that provides a history of the measures included in the Child and Adult Core Sets is available at <https://www.medicaid.gov/medicaid/quality-of-care/downloads/core-set-history-table.pdf>.

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.

^a The Adult Core Set includes the NCQA version of the measure, which is adapted from the CMS measure.

^b This measure is calculated by CMS on behalf of states.

^c AHRQ is the measure steward for the survey instrument in the Adult Core Set and NCQA is the developer of the survey administration protocol.

AHRQ = Agency for Healthcare Research & Quality; CMS = Centers for Medicare & Medicaid Services; DQA (ADA) = Dental Quality Alliance (American Dental Association); ECDS = Electronic Clinical Data Systems; EHR = Electronic Health Record; HRSA = Health Resources and Services Administration; NCQA = National Committee for Quality Assurance; OPA = U.S. Office of Population Affairs; PQA = Pharmacy Quality Alliance; SAMHSA = Substance Abuse and Mental Health Services Administration.

2026 Provisional and Utilization Measures for Adults

Measure Name	Measure Steward	Data Collection Method
2026 Provisional Measures (Voluntary for 2026 Reporting)		
Postpartum Depression Screening and Follow-Up: Age 21 and Older (PDS-AD)	NCQA	ECDS
Prenatal Depression Screening and Follow-Up: Age 21 and Older (PND-AD)	NCQA	ECDS
2026 Utilization Measure (Voluntary for 2026 Reporting)		
Prenatal Immunization Status: Age 21 and Older (PRS-AD) ^a	NCQA	ECDS

More information on Updates to the 2026 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/compilation-of-annual-updates-child-and-adult-core-health-care-quality-measurement-sets>. A resource that provides a history of the measures included in the Child and Adult Core Sets is available at <https://www.medicaid.gov/medicaid/quality-of-care/downloads/core-set-history-table.pdf>.

^a This measure was removed from the 2026 Adult Core Set. Although not part of the Adult Core Set, states may voluntarily report on the results of this utilization measure to CMS to allow CMS to maintain a longitudinal dataset.

ECDS = Electronic Clinical Data Systems; NCQA = National Committee for Quality Assurance.

2026 1945 Health Home Core Set Measures

Measure Name	Measure Steward	Data Collection Method
Mandatory Core Set Measures		
Initiation and Engagement of Substance Use Disorder Treatment (IET-HH)	NCQA	Administrative or EHR
Controlling High Blood Pressure (CBP-HH)	NCQA	Administrative, EHR, or hybrid
Colorectal Cancer Screening (COL-HH)	NCQA	ECDS or EHR
Screening for Depression and Follow-Up Plan (CDF-HH)	CMS	Administrative or EHR
Follow-Up After Hospitalization for Mental Illness (FUH-HH)	NCQA	Administrative
Plan All-Cause Readmissions (PCR-HH)	NCQA	Administrative
Use of Pharmacotherapy for Opioid Use Disorder (OUD-HH)	SAMHSA	Administrative
Follow-Up After Emergency Department Visit for Substance Use (FUA-HH)	NCQA	Administrative
Follow-Up After Emergency Department Visit for Mental Illness (FUM-HH)	NCQA	Administrative
Mandatory Utilization Measures		
Admission to an Institution from the Community (AIF-HH)	CMS	Administrative
Inpatient Utilization (IU-HH)	CMS	Administrative

More information on updates to the 2026 Health Home Core Sets is available at <https://www.medicaid.gov/resources-for-states/medicaid-state-technical-assistance/health-home-information-resource-center/health-home-quality-reporting/index.html>. A resource that provides a history of the measures included in the Health Home Core Set is available at <https://www.medicaid.gov/medicaid/quality-of-care/downloads/2025-health-home-core-set-history-table.pdf>.

CMS = Centers for Medicare & Medicaid Services; EHR = Electronic Health Record; NCQA = National Committee for Quality Assurance; SAMHSA = Substance Abuse and Mental Health Services Administration.

2026 1945A Health Home Core Set Measures

Measure Name	Measure Steward	Data Collection Method
Core Set Measures		
Well-Child Visits in the First 30 Months of Life (W30-HHA)	NCQA	Administrative
Child and Adolescent Well-Care Visits (WCV-HHA)	NCQA	Administrative
Childhood Immunization Status (CIS-HHA)	NCQA	Administrative, EHR, or hybrid ^a
Immunizations for Adolescents (IMA-HHA)	NCQA	Administrative or hybrid ^a
Oral Evaluation, Dental Services (OEV-HHA)	DQA (ADA)	Administrative
Inpatient Utilization (IU-HHA)	CMS	Administrative

Resources and more information on 2026 1945A Health Home Core Sets will be coming soon. Information on the 1945A Health Home Core Sets is available at <https://www.medicaid.gov/resources-for-states/medicaid-state-technical-assistance/health-home-information-resource-center/1945a-health-home-resources>.

^a The Childhood Immunization Status and Immunizations for Adolescents measures are also specified for Electronic Clinical Data System (ECDS) reporting. ECDS specifications are not currently available for 1945A Health Home Core Set reporting.

CMS = Centers for Medicare & Medicaid Services; DQA (ADA) = Dental Quality Alliance (American Dental Association); EHR = Electronic Health Record; NCQA = National Committee for Quality Assurance.