

Criteria for Using the Child and Adult Core Set Measures to Assess Trends in State Performance in Medicaid and the Children's Health Insurance Program

Introduction

The Centers for Medicare & Medicaid Services (CMS) annually reports state performance on the Child and Adult Core Set measures. The Child and Adult Core Sets support federal and state efforts to collect, report, and use a standardized set of measures to assess the quality of care provided to Medicaid and the Children's Health Insurance Program (CHIP) beneficiaries and to drive improvement. Core Set data are foundational to the measures in the Medicaid and CHIP Scorecard Health Care Quality Performance content area.

This methods brief summarizes the criteria CMS uses to assess trends in state performance and identifies which measures can be used to assess trends for the 2022 to 2024 Core Sets. For most measures, this represents care provided primarily from calendar years 2021 to 2023.

Criteria for Assessing Child and Adult Core Set Measures Available for Trending

Each year, CMS assesses which Child and Adult Core Set measures are available for trending for the most recent three-year period.¹ To be trended, each measure must meet the following three criteria:

1. The measure was publicly reported for each of the most recent three years. To be publicly reported, a measure must be reported by at least 25 states using Core Set specifications and must meet CMS standards for data quality.²
2. The measure was reported by a consistent set of at least 20 states that used Core Set specifications in all three years.
3. The measure specifications were comparable for all three years (no specification or data source changes occurred during the three-year period that would make results incomparable across years).³

CMS applied these criteria to identify the measures available for trending for the 2022 to 2024 Core Sets. Tables 1 and 2 show the publicly reported 2024 Core Set measures potentially available for trending from 2022 to 2024. For each measure, the table indicates whether the measure met the CMS criteria outlined above. CMS determined that at least one rate for 20 Child Core Set measures and 23 Adult Core Set measures (Tables 1 and 2) met the criteria for trending for the 2022 to 2024 Core Sets. The next section provides more information about the publicly reported measures in the 2024 Core Sets that are not eligible for trending.

¹ CMS did not trend data from the 2020 to 2022 Core Sets due to comparability concerns resulting from the COVID-19 public health emergency.

² Some states reported Core Set rates based on "other" specifications that varied substantially from Core Set specifications, such as those that use alternate data sources, different populations, or other methodologies. CMS does not publicly report a state's performance when the rate is calculated using "other" specifications.

³ Determinations about the consistency of specifications over time are made in consultation with measure stewards. Each year, the National Committee for Quality Assurance (NCQA) makes recommendations

about the trendability of HEDIS measures. NCQA's HEDIS MY 2022 Measure Trending Determinations are available at <https://www.ncqa.org/wp-content/uploads/2022/06/HEDIS-MY2022-Measure-Trending-Determinations.pdf>. NCQA's HEDIS MY 2023 Measure Trending Determinations are available at <https://wpcdn.ncqa.org/www-prod/wp-content/uploads/HEDIS-MY2023-Trending-Memo.pdf>. HEDIS MY 2022 and MY 2023 correspond to 2023 and 2024 Core Set reporting, respectively. Trending determinations for non-HEDIS measures follow a similar approach, and decisions about trending are made in consultation with measure stewards.

2024 Child and Adult Core Set Measures that Did Not Meet Trending Criteria

Performance for seven measures in the Child Core Set and seven measures in the Adult Core Set cannot be trended for any rates for the 2022 to 2024 Core Sets period for one or more of the following reasons: the measure was not publicly reported for all three years; there were changes to the measure specifications or reporting guidance during the three-year period; or there was a change in the data source used to calculate the measure during the three-year period.

In addition, for three Child Core Set measures and four Adult Core Set measures, some rates in the measure met the criteria for trending and other rates did not due to the rate not being publicly reported for all three years or changes to the specifications for those rates during the three-year period.

Tables 1 and 2 identify the measures and rates that are not eligible for trending and include more information on the factors that affected trendability for the publicly reported Child and Adult Core Set measures for 2022 to 2024.

Additional Considerations for Trending

CMS limits trending to measures that meet the above criteria to reduce potential sources of variation. However, other factors may affect changes in the performance rates reported by states on the Child and Adult Core Set measures. While shifts in access and quality may account for some of the changes in performance over time, other factors noted by states include changes in:

- The method and data used to calculate the measures
- The populations included in the measures (such as managed care versus fee-for-service)
- Changes in other aspects of their Medicaid program, such as transitions in data systems or delivery systems
- External factors such as public health crises or health emergencies, such as the opioid epidemic or the COVID-19 public health emergency.

Furthermore, mandatory reporting of the Child Core Set and the behavioral health measures in the Adult Core Set began in 2024, which may affect comparability with earlier years due to changes in included populations and reporting methodologies.

For More Information

More information on the Child Core Set is available at <https://www.medicaid.gov/medicaid/quality-of-care/performance-measurement/child-core-set/index.html>.

More information on the Adult Core Set is available at <https://www.medicaid.gov/medicaid/quality-of-care/performance-measurement/adult-core-set/index.html>.

For technical assistance related to the Child and Adult Core Sets, contact the TA mailbox at MACqualityTA@cms.hhs.gov.

Measure-specific results for the analysis of trends from the 2022 Core Set to the 2024 Core Set are available at <https://www.medicaid.gov/medicaid/quality-of-care/downloads/trend-analysis-2024.xlsx>.

Table 1. Assessment of Publicly Reported Child Core Set Measures Available for Trending State Performance, 2022 to 2024 Core Set

Measure name	Was the measure publicly reported from 2022 to 2024?	Did at least 20 states report the measure in all three years using Core Set specifications?	Were Core Set measure specifications consistent from 2022 to 2024?	Trending determination based on all three criteria
Behavioral Health Care				
Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication (ADD-CH)	Yes	Yes	The measure should be trended with caution due to changes in the instructions for calculating covered days in 2024. Additionally, "discharge date" was replaced with "admission date" in the steps for identifying the eligible population (Step 4).	Trend with caution
Screening for Depression and Follow-Up Plan: Ages 12 to 17 (CDF-CH)	No	No	Yes	Do Not Trend
Follow-Up After Hospitalization for Mental Illness: Ages 6 to 17 (FUH-CH)	Yes	Yes	Yes	Trend
Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM-CH)	Total (Ages 1 to 17): Yes Age-Group Rates: No	Yes	Yes	Total (Ages 1 to 17): Trend Age-Group Rates: Do Not Trend
Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP-CH)	Total (Ages 1 to 17): Yes Age-Group Rates: No	Yes	Yes	Total (Ages 1 to 17): Trend Age-Group Rates: Do Not Trend
Follow-Up After Emergency Department Visit for Substance Use: Ages 13 to 17 (FUA-CH)	Yes	Yes	A break in trending is recommended due to several changes in the measure specifications for 2023: updating the terminology from Alcohol Abuse or Dependence (AOD) to Substance Use Disorder (SUD), adding a pharmacy benefit requirement, adding emergency department visits with a diagnosis of unintentional and undetermined drug overdose to the denominator, and revising the numerator logic and value sets. For 2024, instructions were added for excluding ED visits followed by residential treatment when defining the eligible population.	Do Not Trend
Follow-Up After Emergency Department Visit for Mental Illness: Ages 6 to 17 (FUM-CH)	Yes	Yes	Yes	Trend

Measure name	Was the measure publicly reported from 2022 to 2024?	Did at least 20 states report the measure in all three years using Core Set specifications?	Were Core Set measure specifications consistent from 2022 to 2024?	Trending determination based on all three criteria
Primary Care Access and Preventive Care				
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC-CH)	Yes	Yes	Yes	Trend
Chlamydia Screening in Women Ages 16 to 20 (CHL-CH)	Yes	Yes	The measure should be trended with caution due to making the optional exclusion for pregnancy tests required for 2024 reporting.	Trend with caution
Childhood Immunization Status (CIS-CH)	Yes	Yes	Yes	Trend
Well-Child Visits in the First 30 Months of Life (W30-CH)	Yes	Yes	Yes	Trend
Immunizations for Adolescents (IMA-CH)	Yes	Yes	Yes	Trend
Developmental Screening in the First Three Years of Life (DEV-CH)	Yes	Yes	A break in trending is recommended due to changes to reporting guidance. Starting with the 2024 Core Set, states can only include developmental screenings in the numerator if they have policies in place to confirm the screenings are global (not domain specific).	Do Not Trend
Child and Adolescent Well-Care Visits (WCV-CH)	Yes	Yes	Yes	Trend
Lead Screening in Children (LSC-CH)	No	NA	NA	Do Not Trend
Maternal and Perinatal Health				
Live Births Weighing Less Than 2,500 Grams (LBW-CH)	Yes	Yes	Yes	Trend
Prenatal and Postpartum Care: Under Age 21 (PPC2-CH)	No	NA	Starting with the 2024 Core Set, the measure includes both the prenatal and postpartum care rates for beneficiaries under age 21.	Do Not Trend

Measure name	Was the measure publicly reported from 2022 to 2024?	Did at least 20 states report the measure in all three years using Core Set specifications?	Were Core Set measure specifications consistent from 2022 to 2024?	Trending determination based on all three criteria
Contraceptive Care—Postpartum Women Ages 15 to 20 (CCP-CH)	Yes	Yes	Most or Moderately Effective Method of Contraception 3-days Postpartum and Long-Acting Reversible Method of Contraception (LARC) 3-days Postpartum rates: Yes Most or Moderately Effective Method of Contraception 90-days Postpartum and LARC 90-days Postpartum rates: A break in trending is recommended due to changing the rate from 60-days postpartum to 90-days postpartum in the 2023 measure specifications.	Most or Moderately Effective Method of Contraception 3-days Postpartum: Trend LARC 3-days Postpartum: Trend Most or Moderately Effective Method of Contraception 90-days Postpartum: Do Not Trend LARC 90-days Postpartum: Do Not Trend
Contraceptive Care—All Women Ages 15 to 20 (CCW-CH)	Yes	Yes	Yes	Trend
Low-Risk Cesarean Delivery (LRCD-CH)	Yes	Yes	Yes	Trend
Care of Acute and Chronic Conditions				
Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis: Ages 3 Months to 17 Years (AAB-CH)	No	NA	NA	Do Not Trend
Asthma Medication Ratio: Ages 5 to 18 (AMR-CH)	Yes	Yes	Yes	Trend
Ambulatory Care: Emergency Department (ED) Visits (AMB-CH)	Yes	Yes	Yes	Trend
Dental and Oral Health Services				
Oral Evaluation, Dental Services (OEV-CH)	Yes	Yes	Yes	Trend
Topical Fluoride for Children (TFL-CH)	Yes	Yes	Yes	Trend
Sealant Receipt on Permanent First Molars (SFM-CH)	Yes	Yes	Yes	Trend

Measure name	Was the measure publicly reported from 2022 to 2024?	Did at least 20 states report the measure in all three years using Core Set specifications?	Were Core Set measure specifications consistent from 2022 to 2024?	Trending determination based on all three criteria
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)	Yes	Yes	Performance rates were reported for this measure for the first time for 2023 using data obtained from the AHRQ CAHPS Database.	Do Not Trend

Sources: Mathematica analysis of the Quality Measure Reporting system data, Centers for Disease Control and Prevention Wide-ranging Online Data for Epidemiologic Research (CDC WONDER) data, the AHRQ CAHPS database, and Core Set measure specifications for the 2022 to 2024 Core Sets.

Notes: This table includes measures that were publicly reported for the 2024 Core Set.

For a measure to be trendable from 2022 to 2024, it must have been publicly reported for all three years, have been reported by a consistent set of at least 20 states for all three years, and have consistent specifications across the three years. Information about measures that were publicly reported for 2022 to 2024 can be found in the Core Set annual reporting products available at <https://www.medicaid.gov/medicaid/quality-of-care/performance-measurement/child-core-set/index.html>. Determinations about the consistency of specifications over time are made in consultation with measure stewards. Each year, the National Committee for Quality Assurance (NCQA) makes recommendations about the trendability of HEDIS measures. NCQA's HEDIS Measurement Year (MY) 2022 Measure Trending Determinations are available at <https://www.ncqa.org/wp-content/uploads/2022/06/HEDIS-MY2022-Measure-Trending-Determinations.pdf>. NCQA's HEDIS MY 2023 Measure Trending Determinations are available at <https://wpcdn.ncqa.org/www-prod/wp-content/uploads/HEDIS-MY2023-Trending-Memo.pdf>. HEDIS MY 2022 and MY 2023 correspond to 2023 and 2024 Core Set reporting, respectively. Trending determinations for non-HEDIS measures follow a similar approach, and decisions about trending are made in consultation with measure stewards.

NA = Not applicable because the measure was not included in the Child Core Set or did not meet public reporting criteria for all three years from 2022 to 2024.

Table 2. Assessment of Publicly Reported Adult Core Set Measures Available for Trending State Performance, 2022 to 2024 Core Set

Measure name	Was the measure publicly reported from 2022 to 2024?	Did at least 20 states report the measure in all three years using Core Set specifications?	Were Core Set measure specifications consistent from 2022 to 2024?	Trending determination based on all three criteria
Behavioral Health Care				
Initiation and Engagement of Substance Use Disorder Treatment (IET-AD)	Yes	Yes	A break in trending is recommended due to several changes in the measure specifications for 2023: changing the member-based measure to an SUD diagnosis episode-based measure, revising age stratifications, and revising the numerator criteria for Initiation of Substance Use Disorder (SUD) Treatment and Engagement of SUD Treatment. Additionally, for 2024, the steps for identifying the event/diagnosis were modified to deduplicate eligible episodes on the same date of service.	Do not trend
Medical Assistance with Smoking and Tobacco Use Cessation (MSC-AD)	Yes	Yes	A break in trending is recommended due to a data source change for some states for 2023. Beginning with 2023 Core Set reporting CMS reported state-level results for some states using data from the AHRQ CAHPS Database.	Do not trend
Antidepressant Medication Management (AMM-AD)	Yes	Yes	The measure should be trended with caution due to updates to the age criterion to include ages 18 and older as of the index prescription start date.	Trend with caution
Screening for Depression and Follow-Up Plan: Age 18 and Older (CDF-AD)	No	No	Yes	Do not trend
Follow-Up After Hospitalization for Mental Illness: Age 18 and Older (FUH-AD)	Yes	Yes	Yes	Trend
Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD-AD)	Yes	Yes	Yes	Trend

Measure name	Was the measure publicly reported from 2022 to 2024?	Did at least 20 states report the measure in all three years using Core Set specifications?	Were Core Set measure specifications consistent from 2022 to 2024?	Trending determination based on all three criteria
Use of Pharmacotherapy for Opioid Use Disorder (OUD-AD)	Total Rate: Yes Medication-Specific Rates (Buprenorphine; Oral Naltrexone; Long-acting Injectable Naltrexone; Methadone): No	Yes	Yes	Total Rate: Trend Medication-Specific Rates (Buprenorphine; Oral Naltrexone; Long-acting Injectable Naltrexone; Methadone): Do Not Trend
Follow-Up After Emergency Department Visit for Substance Use: Age 18 and Older (FUA-AD)	Yes	Yes	A break in trending is recommended due to several changes in the measure specifications for 2023: updating the terminology from Alcohol Abuse or Dependence (AOD) to SUD, adding a pharmacy benefit requirement, adding emergency department visits with a diagnosis of unintentional and undetermined drug overdose to the denominator, and revising the numerator logic and value sets. For 2024, instructions were added for excluding ED visits followed by residential treatment when defining the eligible population.	Do not trend
Follow-Up After Emergency Department Visit for Mental Illness: Age 18 and Older (FUM-AD)	Yes	Yes	Yes	Trend
Adherence to Antipsychotic Medications for Individuals with Schizophrenia (SAA-AD)	Yes	Yes	Yes	Trend
Primary Care Access and Preventive Care				
Cervical Cancer Screening (CCS-AD)	Yes	Yes	Yes	Trend
Chlamydia Screening in Women Ages 21 to 24 (CHL-AD)	Yes	Yes	The measure should be trended with caution due to making the optional exclusion for pregnancy tests required for 2024 reporting.	Trend with caution
Colorectal Cancer Screening (COL-AD)	No	NA	NA	Do Not Trend
Breast Cancer Screening (BCS-AD)	Yes	Yes	Yes	Trend

Measure name	Was the measure publicly reported from 2022 to 2024?	Did at least 20 states report the measure in all three years using Core Set specifications?	Were Core Set measure specifications consistent from 2022 to 2024?	Trending determination based on all three criteria
Maternal and Perinatal Health				
Prenatal and Postpartum Care: Age 21 and Older (PPC2-AD)	No	NA	Starting with the 2024 Core Set, the measure includes both the prenatal and postpartum care rates for beneficiaries age 21 and older.	Do Not Trend
Contraceptive Care—Postpartum Women Ages 21 to 44 (CCP-AD)	Yes	Yes	Most or Moderately Effective Method of Contraception 3-days Postpartum and Long-Acting Reversible Method of Contraception (LARC) 3-days Postpartum rates: Yes Most or Moderately Effective Method of Contraception 90-days Postpartum and LARC 90-days Postpartum rates: A break in trending is recommended due to changing the rate from 60-days postpartum to 90-days postpartum in the 2023 measure specifications.	Most or Moderately Effective Method of Contraception 3-days Postpartum: Trend LARC 3-days Postpartum: Trend Most or Moderately Effective Method of Contraception 90-days Postpartum: Do Not Trend LARC 90-days Postpartum: Do Not Trend
Contraceptive Care—All Women Ages 21 to 44 (CCW-AD)	Yes	Yes	Yes	Trend
Care of Acute and Chronic Conditions				
Controlling High Blood Pressure (CBP-AD)	Yes	Yes	Yes	Trend
Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis: Age 18 and Older (AAB-AD)	Yes	Yes	Yes	Trend
Hemoglobin A1c Control for Patients With Diabetes (HBD-AD)	HbA1c Control (<8.0%): No HbA1c Poor Control (>9.0%): Yes	HbA1c Control (<8.0%): NA HbA1c Poor Control (>9.0%): Yes	The HbA1c Control (<8.0%) rate cannot be trended since it was not included in the Adult Core Set for all three years. This rate was added by the measure steward in 2023. The HbA1c Poor Control (>9.0%) rate was included in the Adult Core Set for all three years with consistent measure specifications.	HbA1c Control (<8.0%): Do not trend HbA1c Poor Control (>9.0%): Trend
PQI 01: Diabetes Short-Term Complications Admission Rate (PQI01-AD)	Yes	Yes	Yes	Trend

Measure name	Was the measure publicly reported from 2022 to 2024?	Did at least 20 states report the measure in all three years using Core Set specifications?	Were Core Set measure specifications consistent from 2022 to 2024?	Trending determination based on all three criteria
PQI 05: Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults Admission Rate (PQI05-AD)	Yes	Yes	Yes	Trend
PQI 08: Heart Failure Admission Rate (PQI08-AD)	Yes	Yes	Yes	Trend
PQI 15: Asthma in Younger Adults Admission Rate (PQI15-AD)	Yes	Yes	Yes	Trend
Plan All-Cause Readmissions (PCR-AD)	Yes	Yes	Yes	Trend
Asthma Medication Ratio: Ages 19 to 64 (AMR-AD)	Yes	Yes	Yes	Trend
Use of Opioids at High Dosage in Persons Without Cancer (OHD-AD)	Yes	Yes	Yes	Trend
Concurrent Use of Opioids and Benzodiazepines (COB-AD)	Yes	Yes	Yes	Trend
Experience of Care				
Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Health Plan Survey 5.1H, Adult Version (Medicaid) (CPA-AD)	Yes	Yes	Performance rates were reported for this measure for the first time for 2023 using data obtained from the AHRQ CAHPS Database.	Do not trend
Long-Term Services and Supports				
National Core Indicators Survey (NCIIDD-AD)	Everyday Choices Scale and Always Has a Way to Get Places: Yes Life Decisions Scale: No	Everyday Choices Scale and Always Has a Way to Get Places: Yes Life Decisions Scale: No	Yes	Everyday Choices Scale and Always Has a Way to Get Places: Trend Life Decisions Scale: Do Not Trend

Sources: Mathematica analysis of the Quality Measure Reporting system data, the AHRQ CAHPS database, National Core Indicators (NCI) data submitted by states to the National Association of State Directors of Developmental Disabilities Services and the Human Services Research Institute (the NCI National Team) through the Online Data Entry System (ODESA), and Core Set measure specifications for the 2022 to 2024 Core Sets.

Notes: This table includes measures that were publicly reported for the 2024 Core Set.

For a measure to be trendable from 2022 to 2024, it must have been publicly reported for all three years, have been reported by a consistent set of at least 20 states for all three years, and have consistent specifications across the three years. Information about measures that were publicly reported for 2022 to 2024 can be found in the Core Set annual reporting products available at <https://www.medicaid.gov/medicaid/quality-of-care/performance-measurement/adult-core-set/index.html>.

Determinations about the consistency of specifications over time are made in consultation with measure stewards. Each year, the National Committee for Quality Assurance (NCQA) makes recommendations about the trendability of HEDIS measures. NCQA's HEDIS Measurement Year (MY) 2022 Measure Trending Determinations are available at <https://www.ncqa.org/wp-content/uploads/2022/06/HEDIS-MY2022-Measure-Trending-Determinations.pdf>. NCQA's HEDIS MY 2023 Measure Trending Determinations are available at <https://wpcdn.ncqa.org/www-prod/wp-content/uploads/HEDIS-MY2023-Trending-Memo.pdf>. HEDIS MY 2022 and MY 2023 correspond to 2023 and 2024 Core Set reporting, respectively. Trending determinations for non-HEDIS measures follow a similar approach, and decisions about trending are made in consultation with measure stewards.

NA = Not applicable because the measure was not included in the Adult Core Set or did not meet public reporting criteria for all three years from 2022 to 2024.