Centers for Medicare & Medicaid Services
Medicaid & CHIP
Health Care Quality Measures

METHODS BRIEF

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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.

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 2023 to 2025 Core Sets. For most measures, this represents care provided primarily from calendar years 2022 to 2024.

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. To be trended, a 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.[1]
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).[2]

CMS applied these criteria to identify the measures available for trending for the 2023 to 2025 Core Sets. Tables 1 and 2 show the publicly reported 2025 Core Set measures potentially available for trending from 2023 to 2025. For each measure, the table indicates whether the measure met the CMS criteria outlined above. CMS determined that at least one rate for 22 Child Core Set measures and 26 Adult Core Set measures (Tables 1 and 2) met the criteria for trending for the 2023 to 2025 Core Sets. The next section provides more information about the publicly reported measures in the 2025 Core Sets that are not eligible for trending.

[1] 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.

[2] 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 2023 Measure Trending Determinations are available at https://wpcdn.ncqa.org/www-prod/wp-content/uploads/HEDIS-MY2023-Trending-Memo.pdf. NCQA's HEDIS MY 2024 Measure Trending Determinations are available at https://wpcdn.ncqa.org/www-prod/HEDIS-MY2024-Trending-Memo.pdf. HEDIS MY 2023 and HEDIS MY 2024 correspond to 2024 and 2025 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.

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2025 Child and Adult Core Set Measures that Did Not Meet Trending Criteria

Performance for four measures in the Child Core Set[3] and eight measures in the Adult Core Set cannot be trended for any rates for the 2023 to 2025 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 five Child Core Set measures and five Adult Core Set measures, some rates in the measure met the criteria for trending while others did not because they were not publicly reported for all three years required for trend analysis.

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 2023 to 2025.

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.

[3] In addition, two measures of child health that are provisional for 2025 were publicly reported for the first time for 2025 reporting and therefore do not meet the trending criteria.

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/adult-and-child-health-care-quality-measures/childrens-health-care-quality-measures.

More information on the Adult Core Set is available at https://www.medicaid.gov/medicaid/quality-of-care/performance-measurement/adult-and-child-health-care-quality-measures/adult-health-care-quality-measures.

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

Table 1. Assessment of Publicly Reported Child Core Set Measures Available for Trending State Performance, 2023 to 2025 Core Set

Measure name	Was the measure publicly reported from 2023 to 2025?	Did at least 20 states report the measure in all three years using Core Set specifications?	Were Core Set measure specifications consistent from 2023 to 2025?	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	This measure should be trended with caution due to changes in the instructions for calculating covered days for 2024 reporting. 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	Yes	For 2025 reporting, this measure changed to no longer exclude beneficiaries with a depression diagnosis.	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	This measure should be trended with caution due to changes to required exclusion criteria and the addition of residential behavioral health treatment centers to numerator criteria for 2025 reporting.	Total (Ages 1 to 17): Trend With Caution Age-Group Rates: Do Not Trend
Follow-Up After Emergency Department Visit for Substance Use: Ages 13 to 17 (FUA-CH)	Yes	Yes	This measure should be trended with caution. For 2024 reporting, instructions were added for excluding ED visits followed by residential treatment when defining the eligible population.	Trend with Caution
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 2023 to 2025?	Did at least 20 states report the measure in all three years using Core Set specifications?	Were Core Set measure specifications consistent from 2023 to 2025?	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	This measure should be trended with caution due to making the 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)	Yes	Yes	Yes	Trend

Measure name	Was the measure publicly reported from 2023 to 2025?	Did at least 20 states report the measure in all three years using Core Set specifications?	Were Core Set measure specifications consistent from 2023 to 2025?	Trending determination based on all three criteria
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, this measure includes both the prenatal and postpartum care rates for beneficiaries under age 21. For 2025 reporting, the event/diagnosis criteria were updated to clarify which delivery is counted when there are multiple deliveries.	Do Not Trend
Contraceptive Care—Postpartum Women Ages 15 to 20 (CCP-CH)	Yes	Yes	Yes	Trend
Contraceptive Care—All Women Ages 15 to 20 (CCW-CH)	Yes	Yes	Yes	Trend
Low-Risk Cesarean Delivery: Under Age 20 (LRCD-CH)	Yes	Yes	A break in trending is recommended due to changes in the ages included in the measure. Starting with the 2025 Core Set, the measure includes births to women under age 20. Births to women age 20 and older are reported in the Adult Core Set.	Do Not Trend
Care of Acute and Chronic Conditions				
Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis: Ages 3 Months to 17 Years (AAB-CH)	Yes	Yes	Yes	Trend
Asthma Medication Ratio: Ages 5 to 18 (AMR-CH)	Yes	Yes	Yes	Trend
Dental and Oral Health Services				
Oral Evaluation, Dental Services (OEV-CH)	Total (< Age 21): Yes Age Group Rates: No	Yes	Yes	Total (< Age 21): Trend Age Group Rates: Do Not Trend

Measure name	Was the measure publicly reported from 2023 to 2025?	Did at least 20 states report the measure in all three years using Core Set specifications?	Were Core Set measure specifications consistent from 2023 to 2025?	Trending determination based on all three criteria
Topical Fluoride for Children (TFL-CH)	Dental or Oral Health Services: Total (Ages 1 through 20): Yes Dental or Oral Health Services: Age Group Rates: No	Yes	Yes	Dental or Oral Health Services: Total (Ages 1 through 20): Trend Dental or Oral Health Services: Age Group Rates: Do Not Trend
Sealant Receipt on Permanent First Molars (SFM-CH)	Yes	Yes	Yes	Trend
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)	8 Ratings and Composites for the General Child (GC) Population: Yes[a] 8 Ratings and Composites for the GC population: No[a] 16 Rates for Children with Chronic Conditions: No 4 Coordination of Care Rates: No	Yes	Yes	8 Ratings and Composites for the General Child (GC) Population: Trend[a] 8 Ratings and Composites for the GC population: Do Not Trend[a] 16 Rates for Children with Chronic Conditions: Do not Trend 4 Coordination of Care Rates: Do Not Trend
Provisional Child Measures[b]				
Oral Evaluation During Pregnancy: Ages 15 to 20 (OEVP-CH)	No	NA	NA	Do Not Trend
Prenatal Immunization Status: Under Age 21 (PRS-CH)	No	NA	For 2025 reporting, the event/diagnosis criteria were updated to clarify which delivery is counted when there are multiple deliveries.	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 Agency for Healthcare Research and Quality (AHRQ) CAHPS database, and Core Set measure specifications for the 2023 to 2025 Core Sets.

Notes: This table includes measures that were publicly reported for the 2025 Core Set.

For a measure to be trendable from 2023 to 2025, 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 2023 to 2025 can be found in the Core

Set annual reporting products available at https://www.medicaid.gov/medicaid/quality-of-care/performance-measurement/adult-and-child-health-care-quality-measures/childrens-health-care-quality-measures. 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 2023 Measure Trending Determinations are available at https://wpcdn.ncqa.org/www-prod/wp-content/uploads/HEDIS-MY2023-Trending-Memo.pdf. NCQA's HEDIS MY 2024 Measure Trending Determinations are available at https://wpcdn.ncqa.org/www-prod/HEDIS-MY2024-Trending-Memo.pdf. HEDIS MY 2023 and MY 2024 correspond to 2024 and 2025 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.

[a] For the CPC-CH measure, starting with 2023 reporting, CMS publicly reported the percentage of beneficiaries who selected "Always" (on a four-point scale from "Never" to "Always") for composite measures and responses of "9" or "10" (on a scale from 0 to 10) for ratings measures. Starting in 2025, CMS began also reporting results for the percentage of beneficiaries who selected "Usually" or "Always" for composite measures and responses of "8", "9" or "10" for ratings measures. For the following composite measures, the rates for responses of "Always" can be trended because they were publicly reported from 2023-2025: Getting Needed Care, Getting Care Quickly, How Well Doctors Communicate, Health Plan Information and Customer Service. For the following ratings measures, the results for responses of "9" or "10" can be trended because they were publicly reported from 2023-2025: Rating of Health Care, Rating of Personal Doctor, Rating of Specialist, Rating of Health Plan.

[b] The OEVP-CH and PRS-CH measures are provisional measures for 2025 reporting. Provisional measures are voluntary and are not considered part of the 2025 Child or Adult Core Sets. For more information, see https://www.medicaid.gov/federal-policy-guidance/downloads/sho24001.pdf.

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 2023 to 2025.

Table 2. Assessment of Publicly Reported Adult Core Set Measures Available for Trending State Performance, 2023 to 2025 Core Set

Measure name	Was the measure publicly reported from 2023 to 2025?	Did at least 20 states report the measure in all three years using Core Set specifications?	Were Core Set measure specifications consistent from 2023 to 2025?	Trending determination based on all three criteria
Behavioral Health Care				
Initiation and Engagement of Substance Use Disorder Treatment (IET-AD)	Yes	Yes	This measure should be trended with caution. For 2024 reporting, the steps for identifying the event/diagnosis were modified to deduplicate eligible episodes on the same date of service.	Trend with Caution
Medical Assistance with Smoking and Tobacco Use Cessation (MSC-AD)	Yes	Yes	A break in trending is recommended due to differences in the data sources used by states. Beginning with 2023 Core Set reporting, CMS reports state-level results for some states using data from the AHRQ CAHPS Database while some states choose to report state-calculated results in the Quality Measure Reporting system. There are methodological differences between the two data sources that preclude direct comparisons of results.	Do Not Trend
Antidepressant Medication Management (AMM-AD)	Yes	Yes	This measure should be trended with caution. For 2024 reporting, there were updates to the age criterion to include adults age 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	Yes	For 2025 reporting, the measure exclusions changed to no longer exclude beneficiaries with a depression diagnosis.	Do Not Trend
Follow-Up After Hospitalization for Mental Illness: Age 18 and Older (FUH-AD)	7-and 30-Day Follow-Up: Ages 18 to 64: Yes 7- and 30-Day Follow-Up: Age 65 and Older: No	Yes	Yes	7-and 30-Day Follow-Up: Ages 18 to 64: Trend 7-and 30-Day Follow-Up: Age 65 and Older: Do Not Trend

Measure name	Was the measure publicly reported from 2023 to 2025?	Did at least 20 states report the measure in all three years using Core Set specifications?	Were Core Set measure specifications consistent from 2023 to 2025?	Trending determination based on all three criteria
Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD-AD)	Yes	Yes	This measure should be trended with caution. For 2025 reporting, changes were made to the required exclusions.	Trend With Caution
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	This measure should be trended with caution due to the revised age range for 2025 reporting. Starting with 2025, this measure is reported for adults age 18 and older; in prior years, the measure included adults ages 18 to 64.	Total Rate: Trend With Caution 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)	7-and 30-Day Follow-Up: Ages 18 to 64: Yes 7-and 30-Day Follow-Up: Age 65 and Older: No	Yes	This measure should be trended with caution. For 2024 reporting, instructions were added for excluding ED visits followed by residential treatment when defining the eligible population.	7-and 30-Day Follow-Up: Ages 18 to 64: Trend With Caution 7-and 30-Day Follow-Up: Age 65 and Older: Do Not Trend
Follow-Up After Emergency Department Visit for Mental Illness: Age 18 and Older (FUM-AD)	7-and 30-Day Follow-Up: Ages 18 to 64: Yes 7-and 30-Day Follow-Up: Age 65 and Older: No	Yes	Yes	7-and 30-Day Follow-Up: Ages 18 to 64: Trend 7-and 30-Day Follow-Up: Age 65 and Older: Do Not Trend
Adherence to Antipsychotic Medications for Individuals with Schizophrenia (SAA-AD)	Yes	Yes	This measure should be trended with caution due to the expansion of the days supply for paliperidone palmitate for 2025 reporting.	Trend With Caution
Primary Care Access and Preventive Care				
Adult Immunization Status (AIS-AD)	No	NA	NA	Do Not Trend
Cervical Cancer Screening (CCS-AD)	Yes	Yes	Yes	Trend

Measure name	Was the measure publicly reported from 2023 to 2025?	Did at least 20 states report the measure in all three years using Core Set specifications?	Were Core Set measure specifications consistent from 2023 to 2025?	Trending determination based on all three criteria
Chlamydia Screening in Women Ages 21 to 24 (CHL-AD)	Yes	Yes	This measure should be trended with caution due to making the exclusion for pregnancy tests required for 2024 reporting.	Trend With Caution
Colorectal Cancer Screening (COL-AD)	Yes	Yes	This measure should be trended with caution due to revisions to the age stratifications for 2024 reporting.	Trend with Caution
Breast Cancer Screening (BCS-AD)	Yes	Yes	Yes	Trend
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. For 2025 reporting, the event/diagnosis criteria were updated to clarify which delivery is counted when there are multiple deliveries.	Do Not Trend
Contraceptive Care—Postpartum Women Ages 21 to 44 (CCP-AD)	Yes	Yes	Yes	Trend
Contraceptive Care—All Women Ages 21 to 44 (CCW-AD)	Yes	Yes	Yes	Trend
Prenatal Immunization Status: Age 21 and Older (PRS-AD)	No	NA	For 2025 reporting, the event/diagnosis criteria were updated to clarify which delivery is counted when there are multiple deliveries.	Do Not Trend
Low-Risk Cesarean Delivery: Age 20 and Older (LRCD-AD)	No	NA	NA	Do Not 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

Measure name	Was the measure publicly reported from 2023 to 2025?	Did at least 20 states report the measure in all three years using Core Set specifications?	Were Core Set measure specifications consistent from 2023 to 2025?	Trending determination based on all three criteria
Glycemic Status Assessment for Patients with Diabetes (GSD-AD)	No	NA	NA	Do Not Trend
PQI 01: Diabetes Short-Term Complications Admission Rate (PQI01-AD)	Yes	Yes	Yes	Trend
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
Dental and Oral Health Services				
Oral Evaluation During Pregnancy: Ages 21 to 44 (OEVP-AD)	No	NA	NA	Do Not Trend

Measure name	Was the measure publicly reported from 2023 to 2025?	Did at least 20 states report the measure in all three years using Core Set specifications?	Were Core Set measure specifications consistent from 2023 to 2025?	Trending determination based on all three criteria
Experience of Care				
Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Health Plan Survey 5.1H, Adult Version (Medicaid) (CPA-AD)	8 Ratings and Composites: Yes[a] 8 Ratings and Composites: No[a] 2 Coordination of Care Rates: No	Yes	Yes	8 Ratings and Composites: Trend[a] 8 Ratings and Composites: Do Not Trend[a] 2 Coordination of Care Rates: Do Not Trend
Long-Term Services and Supports				
National Core Indicators Survey (NCIIDD-AD)	Yes	Yes	Yes	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 Agency for Healthcare Research and Quality (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 2023 to 2025 Core Sets

Notes: This table includes measures that were publicly reported for the 2025 Core Set.

For a measure to be trendable from 2023 to 2025, 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 2023 to 2025 can be found in the Core Set annual reporting products available at https://www.medicaid.gov/medicaid/quality-of-care/performance-measurement/adult-and-child-health-care-quality-measures/adult-health-care-quality-measures. 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 2023 Measure Trending Determinations are available at https://wpcdn.ncqa.org/www-prod/wp-content/uploads/HEDIS-MY2023-Trending-Memo.pdf. NCQA's HEDIS MY 2024 Measure Trending Determinations are available at https://wpcdn.ncqa.org/www-prod/HEDIS-MY2024-Trending-Memo.pdf. HEDIS MY 2023 and HEDIS MY 2024 correspond to 2024 and 2025 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.

[a] For the CPA-AD measure, starting with 2023 Core Set reporting, CMS publicly reported the percentage of beneficiaries who selected "Always" (on a four-point scale from "Never" to "Always") for composite measures and responses of "9" or "10" (on a scale from 0 to 10) for ratings measures. Starting in 2025, CMS began also reporting results for the percentage of beneficiaries who selected "Usually" or "Always" for composite measures and responses of "8", "9" or "10" for ratings measures. For the following composite measures, the results for responses of "Always" can be trended because they were publicly reported from 2023-2025: Getting Needed Care, Getting Care Quickly, How Well Doctors Communicate, Health Plan Information and Customer Service. For the following ratings measures, the results for responses of "9" or "10" can be trended because they were publicly reported from 2023-2025: Rating of Health Care, Rating of Personal Doctor, Rating of Specialist, Rating of Health Plan.

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 2023 to 2025.

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