



SHO # 24-001

RE: 2025 Updates to the Child and Adult Core Health Care Quality Measurement Sets and Mandatory Reporting Guidance

May 30, 2024

Dear State Health Official:

The Centers for Medicare & Medicaid Services (CMS) is issuing this annual guidance to update the 2025 Core Set of Children’s Health Care Quality Measures for Medicaid and the Children’s Health Insurance Program (CHIP) (Child Core Set) and the Core Set of Adult Health Care Quality Measures for Medicaid (Adult Core Set). This State Health Official (SHO) letter also provides guidance and outlines our expectations for compliance with submission of states’ quality measure reporting for Federal Fiscal Year (FFY) 2025, due to CMS by December 31, 2025. It applies to all states, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, and Guam. Throughout the SHO letter, the term “states” is used to refer collectively to these states and territories. American Samoa and the Mariana Islands may, but are not required to, report Child and Adult Core Set measures.

Specifically, this letter addresses:

- Mandatory reporting of the Child Core Set and the behavioral health measures on the Adult Core Set,
- Annual updates to the 2025 Child and Adult Core Sets,
- Adherence to mandatory reporting guidance,
- Populations that should be reported and the population exemption process, and
- Data stratification categories and measures for which stratified reporting is mandatory.

To support states’ efforts to meet mandatory reporting requirements and to provide sufficient time for states to prepare, we are releasing these updates to the 2025 Core Sets a year prior to when they take effect. Materials covering additional components of the annual reporting guidance provided in the Mandatory Medicaid and CHIP Core Set Reporting final rule, including resource manuals and technical specifications, value sets, technical assistance (TA) briefs, and updates to the reporting system, will be shared with states in early 2025, ahead of the start date of the Quality Measure Reporting (QMR) system in the fall.

Background

Data reported on the Child and Adult Core Sets assist CMS and states in understanding the quality of health care provided in Medicaid and CHIP, monitoring access to health care for beneficiaries, and improving the understanding of the health disparities that beneficiaries experience. In addition, CMS and states use core set data to drive quality improvement, leading to improved access to health care services for Medicaid beneficiaries. The Child Core Set was established by Section 401 of the

Children’s Health Insurance Program Reauthorization Act of 2009 (CHIPRA) (Pub. L. 111-3, enacted February 4, 2009), which added section 1139A to the Social Security Act (the Act), requiring the development of a Core Set of Children’s Health Care Quality Measures for Medicaid and CHIP (Child Core Set), that could be voluntarily reported by states.

Section 2701 of the Patient Protection and Affordable Care Act (Pub. L. 111-148, enacted March 23, 2010) as amended and revised by the Healthcare and Education Reconciliation Act (Pub. L. 111-152, enacted March 30, 2010), referred to collectively as the Affordable Care Act (ACA), added a new section 1139B to the Act, extending the voluntary measurement of health care quality to Medicaid-eligible adults.

Mandatory Reporting of the Child Core Set and Behavioral Health Measures on the Adult Core Set

Section 50102(b) of the Bipartisan Budget Act of 2018¹ (Pub. L. 115-123, enacted February 9, 2018) made state reporting of the Child Core Set mandatory starting in FFY 2024, and section 5001 of the Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities Act (SUPPORT Act)² (Pub. L. No. 115–271, enacted October 24, 2018) made state reporting of the behavioral health measures on the Adult Core Set mandatory starting in FFY 2024. The remainder of the measures on the Adult Core Set are voluntary for states to report. Hereafter, measures that are mandatory for states to report in 2025 will be referred to in this letter as “mandatory measures.”

On August 31, 2023, CMS published the Mandatory Medicaid and CHIP Core Set Reporting final rule (88 FR 60278).³ On December 1, 2023, CMS issued the first sub-regulatory guidance implementing the final rule, detailing the requirements and expectations for compliance with mandatory annual state reporting of the Child Core Set and the behavioral health measures on the Adult Core Set, hereafter referred to as the “Initial Mandatory Core Set SHO Letter” (SHO #23-005).⁴

Annual Updates to the Core Sets

Periodic reassessment of measures is an essential part of implementing an effective quality reporting program, as changes in clinical guidelines, experiences with reporting, and performance rates may warrant modification of the measure sets. Section 1139A of the Social Security Act provides that, beginning in January 2013, the Secretary of Health and Human Services shall publish recommended changes to the core measures annually.⁵ Section 1139B of the Act provides that the Secretary shall issue updates to the Adult Core Set beginning in January 2014 and annually thereafter.⁶

Updates to the 2025 Child and Adult Core Sets (which will generally reflect care that will be provided during calendar year 2024) were recommended by the 2025 Child and Adult Core Set Annual Review Workgroup which represents a diverse array of affiliations and expertise, including state Medicaid and CHIP agencies, health care providers, health plans, and patient advocates. CMS also obtained input from

¹ The Bipartisan Budget Act of 2018 <https://www.congress.gov/115/bills/hr1892/BILLS-115hr1892enr.xml>

² The Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities Act (SUPPORT Act) <https://www.congress.gov/115/bills/hr6/BILLS-115hr6enr.pdf>

³ Final Rule: <https://www.federalregister.gov/documents/2023/08/31/2023-18669/medicaid-program-and-chip-mandatory-medicaid-and-childrens-health-insurance-program-chip-core-set>

⁴ Initial Core Set Mandatory Reporting Guidance SHO: <https://www.medicare.gov/federal-policy-guidance/downloads/sho23005.pdf>

⁵ https://www.ssa.gov/OP_Home/ssact/title11/1139A.htm

⁶ https://www.ssa.gov/OP_Home/ssact/title11/1139B.htm

state Medicaid and CHIP agencies, and federal partners, to ensure that the Core Set measures are evidence-based, promote health equity, and are aligned within CMS and across the federal government where possible.⁷

Based on the input received through this annual review process, the following updates are being made to the Child and Adult Core Sets:⁸

- 1) No measures will be added to the 2025 Child Core Set;⁹
- 2) One measure will be retired from the 2025 Child Core Set, Ambulatory Care: Emergency Department (ED) Visits (AMB-CH) because this measure is being retired by the measure steward;¹⁰ and
- 3) Four measures will be added to, and no measures will be removed from, the 2025 Adult Core Set (details below).¹¹

Four provisional new measures will be added for voluntary reporting in 2025 (details below). These provisional measures are **not** considered part of the 2025 Child or Adult Core Sets. CMS expects to add these provisional measures to the Core Sets for mandatory reporting in 2026.

Measures added to the 2025 Core Set

Adult Core Set

Four non-behavioral health measures will be added to the 2025 Adult Core Set for voluntary reporting:

- *Adult Immunization Status (AIS-AD)*.¹² This measure assesses the percentage of adults 19 years and older who are up to date on recommended routine vaccines for influenza; tetanus and diphtheria (Td), or Tdap; zoster; and pneumococcal. The measure was recommended to replace the Flu Vaccinations for Adults Ages 18 to 64 (FVA-AD) measure in the Adult Core Set, which was removed from the 2024 Core Set because the measure steward retired it.
- *Ambulatory Care Sensitive Emergency Department Visits for Non-Traumatic Dental Conditions in Adults (EDV-AD)*.¹³ This measure assesses the number of emergency department (ED) visits for ambulatory care sensitive non-traumatic dental conditions (NTDC) per 100,000 beneficiary months for adults. This measure identifies avoidable uses of the medical system and addresses an identified gap in the Adult Core Set related to oral health.
- *Oral Evaluation During Pregnancy: Ages 21 to 44 (OEV-AD)*.¹⁴ This measure assesses the percentage of beneficiaries ages 21 to 44 with live-birth deliveries in the reporting year who received a comprehensive or periodic oral evaluation from a dental provider during pregnancy. This measure recognizes the important connection between oral health and overall health during pregnancy and addresses an identified gap in the Core Sets.
- *Prenatal Immunization Status: Age 21 and Older (PRS-AD)*.¹⁵ This measure assesses the percentage of deliveries in the measurement period in which beneficiaries ages 21 and older had

⁷ CMS Annual Review and Selection Process: <https://www.medicaid.gov/medicaid/quality-of-care/downloads/annual-core-set-review.pdf>

⁸ 2025 Annual Workgroup Final Report: <https://www.mathematica.org/-/media/internet/features/2023/child-and-adult-core-set/2025coresetreview-finalreport.pdf>

⁹ Child Core Set: <https://www.medicaid.gov/medicaid/quality-of-care/downloads/2025-child-core-set.pdf>

¹⁰ Measure Steward: National Committee for Quality Assurance (NCQA)

¹¹ Adult Core Set: <https://www.medicaid.gov/medicaid/quality-of-care/downloads/2025-adult-core-set.pdf>

¹² Measure Steward: NCQA

¹³ Measure Steward: Dental Quality Alliance (DQA)/ American Dental Association (ADA)

¹⁴ Measure Steward: DQA (ADA)

¹⁵ Measure Steward: NCQA

received influenza and tetanus, diphtheria toxoids, and acellular pertussis (Tdap) vaccinations. This measure addresses a gap related to access and uptake of immunizations among pregnant people.

Provisional Measures

Child Core Set

The following three provisional measures will be added, for which reporting is voluntary in 2025:

- *Oral Evaluation During Pregnancy: Ages 15 to 20 (OEVPC-CH).*¹⁶ This measure assesses the percentage of beneficiaries ages 15 to 20 years with live-birth deliveries in the reporting year who received a comprehensive or periodic oral evaluation from a dental provider during pregnancy. This measure recognizes the important connection between oral health and overall health during pregnancy and addresses an identified gap in the Core Sets.
- *Postpartum Depression Screening and Follow-Up: Under Age 21 (PDS-CH).*¹⁷ This measure assesses the percentage of deliveries in which beneficiaries under age 21 were screened for clinical depression during the postpartum period and, if screened positive, received follow-up care. The addition of this measure addresses a gap in the Child Core Set for a measure related to maternal mental health, a leading cause of pregnancy related deaths.
- *Prenatal Immunization Status: Under Age 21 (PRS-CH).*¹⁸ This measure assesses the percentage of deliveries in the measurement period in which beneficiaries under age 21 had received influenza and tetanus, diphtheria toxoids, and acellular pertussis (Tdap) vaccinations. This measure addresses a gap related to access and uptake of immunizations among pregnant people.

Adult Core Set

One provisional behavioral health measure will be added, for which reporting is voluntary in 2025:

- *Postpartum Depression Screening and Follow-Up: Age 21 and Older (PDS-AD).*¹⁹ This measure assesses the percentage of deliveries in which beneficiaries ages 21 and older were screened for clinical depression during the postpartum period and, if screened positive, received follow-up care. The addition of this measure addresses a gap in the Adult Core Set for a measure related to maternal mental health, a leading cause of pregnancy related deaths.

Adherence to Mandatory Reporting Guidance

In order to meet the mandatory reporting requirements previously identified, states must report on all mandatory measures by December 31, 2025.²⁰ States must also adhere to guidance detailed in the resource manuals and TA briefs issued by CMS, which include how to calculate and report to CMS the Core Sets' measures data using CMS' QMR system.²¹ CMS expects to release the 2025 reporting resources in early 2025. They will be posted on Medicaid.gov, and CMS will also send this information through the TA listserv. In addition to annual updates to the Core Sets, CMS will also annually update the resource manuals, TA briefs, and the QMR system which states use to report the measures. TA is available to support states to report the Core Sets.

¹⁶ Measure Steward: DQA (ADA)

¹⁷ Measure Steward: NCQA

¹⁸ Measure Steward: NCQA

¹⁹ Measure Steward: NCQA

²⁰ 42 CFR § 437.15.

²¹ Core Set reporting guidance and resources: <https://www.medicaid.gov/medicaid/quality-of-care/performance-measurement/adult-and-child-health-care-quality-measures/index.html>

To support states in meeting the requirements of mandatory reporting and to reduce state burden, CMS has identified alternate data sources that CMS can use to calculate measures on behalf of states. Therefore, in FFY 2025, CMS will report the following measures on behalf of states:

- Live Births Weighing Less Than 2,500 Grams (LBW-CH) measure – calculated using the Centers for Disease Control and Prevention’s (CDC) data;
- Low-Risk Cesarean Delivery (LRCD-CH) measure – calculated using CDC data;
- Measures from the 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) – calculated in part using Agency for Healthcare Research and Quality’s (AHRQ) CAHPS Database;
- Medical Assistance with Smoking and Tobacco Use Cessation (MSC-AD) – calculated in part using AHRQ’s CAHPS Database;
- National Core Indicators Survey (NCIIDD-AD) measure – calculated using data submitted to the National Core Indicators (NCI) National Team; and
- Measures from the CAHPS® Health Plan Survey 5.1H, Adult Version (Medicaid) (CPA-AD) — calculated in part using AHRQ’s CAHPS Database.

Populations and Population Exemption Process

States are required to report the mandatory measures for all Medicaid and CHIP beneficiaries. As provided in the final rule, CMS will use annual guidance, including this SHO letter, to identify any populations for whom reporting is not required for a specific year because of the difficulties states face in reporting data on these populations. While not required, states may voluntarily report on these exempted populations.

The following populations, which were identified as exempt in the Initial Mandatory Core Set SHO Letter, will remain exempt from mandatory reporting for FFY 2025 due to states’ systematic challenges with data access:²²

- Beneficiaries who have other insurance coverage as a primary payer before Medicaid or CHIP, including individuals dually eligible for Medicare and Medicaid; and
- Individuals whose Medicaid or CHIP coverage is limited to payment of liable third-party coverage premiums and/or cost sharing.

If unable to report on a specific population, other than the two mentioned above, for one or more measures, states may request a one-year exemption.²³ If granted, the one-year exemption only applies to the specific population for the requested measure(s) for which the state receives an exemption; states must report on all other required populations on all other measures. States interested in requesting a population exemption from FFY 2025 reporting must submit a request letter from the State Medicaid Director to CMS (MACQualityTA@cms.hhs.gov) by September 1, 2025, per guidance included in the Initial Mandatory Core Set SHO Letter. CMS is available to assist states with completing the request. CMS is committed to responding to these requests in a timely manner before the close of the mandatory reporting period to ensure states have time to complete reporting by December 31, 2025. CMS will engage with states or territories upon receipt of their requests. If CMS denies a state’s request for exemption, the state will be expected to include the relevant population in that year’s annual Child and Adult Core Sets reporting.

²² 42 CFR § 437.10(c).

²³ 42 CFR §§ 437.10(c); 437.15(a)(4) and (6).

Stratification Categories

Since the inception of the Child and Adult Core Sets, CMS has collaborated with state Medicaid and CHIP programs to collect, report, and use Core Set measures to drive quality improvement.²⁴ As part of these efforts, CMS encourages states to stratify and use Core Set data to identify disparities in care and develop initiatives and policies to advance health equity and improve outcomes.

As set out in the Initial Mandatory Core Set SHO Letter, states will be required to report stratified data beginning with FFY 2025 state Core Set reporting.²⁵ Stratification of measures by additional factors will be phased in as data standards are established and data becomes available.

For FFY 2025, states will be expected to stratify the mandatory measures in Table 1 by three separate categories using established data standards as follows:

- Race and ethnicity, using 2024 Office of Management and Budget (OMB) Statistical Policy Directive No. 15 (Directive No. 15): Standards for Maintaining, Collecting, and Presenting Federal Data on Race and Ethnicity;²⁶
- Sex, defined as biologic sex, using the 2011 HHS standards;²⁷ and
- Geography, using a minimum standard of core-based statistical area (CBSA)²⁸ with recommendation to move towards Rural-Urban Commuting Area Codes.²⁹

CMS has updated the required categories for FFY 2025 reporting in accordance with updates to these standards and will note any changes in future years in subsequent SHO letters. The annual resource manuals and TA briefs will provide additional details on the uniform data collection standards for the required stratification categories and the process to report these data in the QMR system.

Measures Subject to Stratification

As noted in the Initial Mandatory Core Set SHO Letter, the percentage of mandatory measures for which stratification will be required will increase over a four-year period until stratification is performed for all eligible mandatory measures beginning with FFY 2028 reporting.³⁰ For FFY 2025 reporting, states will be required to report stratified data in the QMR system for 25% of the mandatory measures.³¹

The table below identifies the specific measures for which states will be expected to report stratified data for the 2025 Core Set. (States also have the option to report stratified data on all Core Set measures in CMS' QMR system.) CMS calculates stratified data for two of the measures on behalf of states, which will reduce state burden.

²⁴ <https://www.medicaid.gov/medicaid/quality-of-care/performance-measurement/index.html>.

²⁵ 42 CFR §§ 437.10(b)(7) and (d).

²⁶ Directive No.15: <https://www.federalregister.gov/d/2024-06469>

²⁷ <https://aspe.hhs.gov/reports/hhs-implementation-guidance-data-collection-standards-race-ethnicity-sex-primary-language-disability-0>

²⁸ <https://www.census.gov/geographies/reference-maps/2020/geo/cbsa.html>

²⁹ <https://www.ers.usda.gov/data-products/rural-urban-commuting-area-codes/>

³⁰ 42 CFR § 437.10.

³¹ States will be required to report stratified data for the 2025 on: seven Child Core Set measures (25 percent of 27 measures on the 2024 Child Core Set) and three Adult Core Set behavioral health measures (25 percent of 11 behavioral health measures on the Adult Core Set).

Table 1

Child Core Set Measures for Stratification by 2025 Core Set Reporting <i>7 measures</i>
Well-Child Visits in the First 30 Months of Life (W30-CH)
Child and Adolescent Well-Care Visits (WCV-CH)
Oral Evaluation, Dental Services (OEV-CH)
Follow-Up After Hospitalization for Mental Illness: Ages 6 to 17 (FUH-CH)
Prenatal and Postpartum Care: Up to Age 20 (PPC2-CH)
Live Births Weighing Less Than 2,500 Grams (LBW-CH) - CMS calculates on behalf of states
Low-Risk Cesarean Delivery (LRCD-CH) - CMS calculates on behalf of states
Behavioral Health Measures on the Adult Core Set for Stratification in 2025 <i>3 measures</i>
Initiation and Engagement of Substance Use Disorder Treatment (IET-AD)
Follow-Up After Emergency Department Visit for Substance Use: Age 18 and Older (FUA-AD)
Follow-Up After Hospitalization for Mental Illness: Ages 18 and older (FUH-AD)

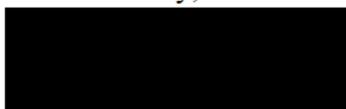
Closing

Please note that, while CMS is issuing this guidance on the 2025 Child and Adult Core Set mandatory reporting requirements early to give states’ sufficient time to prepare, if there are emerging public health issues with applicable quality measures in the interim, CMS may ask the workgroup to consider recommending additional changes to the 2025 Core Set.

States can submit questions or request technical assistance for reporting the Child and Adult Core Sets by sending an email to: MACQualityTA@cms.hhs.gov.

If you have questions about this SHO letter, please contact Deirdra Stockmann, Director, Division of Quality and Health Outcomes, at deirdra.stockmann@cms.hhs.gov.

Sincerely,



Daniel Tsai
Deputy Administrator and Director