

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 State Health System Performance pillar.

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 2021 to 2023 Core Sets. For most measures, this represents care provided primarily from calendar years 2020 to 2022.

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 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 deviated 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

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 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 2021 to 2023 Core Sets. Tables 1 and 2 show the publicly reported 2023 Core Set measures potentially available for trending from 2021 to 2023. For each measure, the table indicates whether the measure meets the CMS criteria outlined above. CMS determined that at least one rate for 19 Child Core Set measures and 22 Adult Core Set measures (Tables 1 and 2) met the criteria for trending for the 2021 to 2023 Core Sets. The next section provides more information about the publicly reported measures in the 2023 Core Sets that are not eligible for trending.

Measurement Year (MY) 2021 Measure Trending Determinations are available at https://www.ncqa.org/wp-content/uploads/2021/06/20210609_HEDIS_MY_2021_Measure_Review_Memo.pdf. 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>. HEDIS MY 2021 and MY 2022 correspond to 2022 and 2023 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.

2023 Child and Adult Core Set Measures that Did Not Meet Trending Criteria

One or more rates in eight publicly reported 2023 Child Core Set measures and ten Adult Core Set measures did not meet the criteria for trending performance from the 2021 to 2023 Core Sets. This section identifies the measures that are not eligible for trending; Tables 1 and 2 provide additional detail about each measure.

2023 Core Set Measures Not Publicly Reported for All Three Years

Of the measures that are not recommended for trending, six Child Core Set measures and three Adult Core Set measures were not publicly reported for all three years. These measures include:

Child Core Set

- Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis: Ages 3 Months to 17 Years (AAB-CH)
- Follow-Up After Emergency Department Visit for Substance Use: Ages 13 to 17 (FUA-CH)
- Follow-Up After Emergency Department Visit for Mental Illness: Ages 6 to 17 (FUM-CH)
- Lead Screening in Children (LSC-CH)
- Oral Evaluation, Dental Services (OEV-CH)
- Topical Fluoride for Children (TFL-CH)

Adult Core Set

- Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis: Age 18 and Older (AAB-AD)
- Colorectal Cancer Screening (COL-AD)
- National Core Indicators Survey (NCIDDS-AD)

In addition, the HbA1c Control (<8.0%) rate of the Hemoglobin A1c Control for Patients With Diabetes (HBD-AD) measure was not included in the Adult Core Set for all three years. The HbA1c Poor Control (>9.0%) rate was included in the Adult Core Set for all three years with consistent measure specifications and is available for trending.

2023 Core Set Measures with Specification or Data Source Changes During the 2021 to 2023 Core Set Period

Two Adult Core Set measures are not recommended for trending due to changes in measure steward specifications during the three-year period, including:

- Follow-Up After Emergency Department Visit for Substance Use: Age 18 and Older (FUA-AD)
- Initiation and Engagement of Substance Use Disorder Treatment (IET-AD)

In addition, one rate in the Contraceptive Care—Postpartum Women (CCP-CH/AD) measure in the Child and Adult Core Sets changed substantively during this period. The Most or Moderately Effective Method of Contraception 90-days Postpartum and Long-Acting Reversible Contraception (LARC) 90-days Postpartum rates are not eligible for trending due to changing the postpartum period from 60 days to 90 days in the 2023 measure specifications.

CMS publicly reported one Child Core Set and three Adult Core Set measures using data from the Agency for Healthcare Research and Quality (AHRQ) CAHPS Database for the first time for 2023. As a result of this change in data source, the following measures are not eligible for trending:

Child Core Set

- 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)

Adult Core Set

- Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Health Plan Survey 5.1H, Adult Version (Medicaid) (CPA-AD)
- Flu Vaccinations for Adults Ages 18 to 64 (FVA-AD)
- Medical Assistance with Smoking and Tobacco Use Cessation (MSC-AD)

Tables 1 and 2 include more information on the factors that affected trendability for the publicly reported Child and Adult Core Set measures for 2021 to 2023.

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.

Table 1. Assessment of Publicly Reported Child Core Set Measures Available for Trending State Performance, 2021 to 2023 Core Set

Measure name	Was the measure publicly reported from 2021 to 2023?	Did at least 20 states report the measure in all three years using Core Set specifications?	Were Core Set measure specifications consistent from 2021 to 2023?	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	Yes	Trend
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	Yes	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: Timeliness of Prenatal Care (PPC-CH)	Yes	Yes	The measure should be trended with caution due to changes to the continuous enrollment requirements for the numerator.	Trend with caution

Measure name	Was the measure publicly reported from 2021 to 2023?	Did at least 20 states report the measure in all three years using Core Set specifications?	Were Core Set measure specifications consistent from 2021 to 2023?	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
Behavioral Health Care				
Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication (ADD-CH)	Yes	Yes	Yes	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)	Yes	Yes	Yes	Trend

Measure name	Was the measure publicly reported from 2021 to 2023?	Did at least 20 states report the measure in all three years using Core Set specifications?	Were Core Set measure specifications consistent from 2021 to 2023?	Trending determination based on all three criteria
Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP-CH)	Yes	Yes	Yes	Trend
Follow-Up After Emergency Department Visit for Substance Use: Ages 13 to 17 (FUA-CH)	No	NA	NA	Do Not Trend
Follow-Up After Emergency Department Visit for Mental Illness: Ages 6 to 17 (FUM-CH)	No	NA	NA	Do Not Trend
Dental and Oral Health Services				
Oral Evaluation, Dental Services (OEV-CH)	No	NA	NA	Do Not Trend
Topical Fluoride for Children (TFL-CH)	No	NA	NA	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)	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, CDC WONDER data, the AHRQ CAHPS database, and Core Set measure specifications for the 2021 to 2023 Core Sets.

Notes: This table includes measures that were publicly reported for the 2023 Core Set.

For a measure to be trendable from 2021 to 2023, it must have been publicly reported for all three years, have been reported by at least 20 states for all three years, and have consistent specifications across the three years. Information about measures that were publicly reported for 2021 to 2023 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) 2021 Measure Trending Determinations are available at https://www.ncqa.org/wp-content/uploads/2021/06/20210609_HEDIS_MY_2021_Measure_Review_Memo.pdf. 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>. HEDIS MY 2021 and MY 2022 correspond to 2022 and 2023 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 for all three years from 2021 to 2023.

Table 2. Assessment of Publicly Reported Adult Core Set Measures Available for Trending State Performance, 2021 to 2023 Core Set

Measure name	Was the measure publicly reported from 2021 to 2023?	Did at least 20 states report the measure in all three years using Core Set specifications?	Were Core Set measure specifications consistent from 2021 to 2023?	Trending determination based on all three criteria
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	Yes	Trend
Colorectal Cancer Screening (COL-AD)	No	NA	NA	Do not trend
Flu Vaccinations for Adults Ages 18 to 64 (FVA-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
Breast Cancer Screening (BCS-AD)	Yes	Yes	Yes	Trend
Maternal and Perinatal Health				
Prenatal and Postpartum Care: Postpartum Care (PPC-AD)	Yes	Yes	The measure should be trended with caution due to changes to the continuous enrollment requirements for the numerator.	Trend with caution
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

Measure name	Was the measure publicly reported from 2021 to 2023?	Did at least 20 states report the measure in all three years using Core Set specifications?	Were Core Set measure specifications consistent from 2021 to 2023?	Trending determination based on all three criteria
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)	No	NA	NA	Do not 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. 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
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

Measure name	Was the measure publicly reported from 2021 to 2023?	Did at least 20 states report the measure in all three years using Core Set specifications?	Were Core Set measure specifications consistent from 2021 to 2023?	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 SUD Treatment and Engagement of SUD Treatment.	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	Yes	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
Use of Pharmacotherapy for Opioid Use Disorder (OUD-AD)	Yes	Yes	Yes	Trend
Follow-Up After Emergency Department Visit for Substance Use (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 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.	Do not trend
Follow-Up After Emergency Department Visit for Mental Illness (FUM-AD)	Yes	Yes	Yes	Trend
Adherence to Antipsychotic Medications for Individuals with Schizophrenia (SAA-AD)	Yes	Yes	Yes	Trend

Measure name	Was the measure publicly reported from 2021 to 2023?	Did at least 20 states report the measure in all three years using Core Set specifications?	Were Core Set measure specifications consistent from 2021 to 2023?	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)	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 (NCIDDS-AD)	No	NA	NA	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 2021 to 2023 Core Sets.

Notes: This table includes measures that were publicly reported for the 2023 Core Set.

For a measure to be trendable from 2021 to 2023, it must have been publicly reported for all three years, have been reported by at least 20 states for all three years, and have consistent specifications across the three years. Information about measures that were publicly reported for 2021 to 2023 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) 2021 Measure Trending Determinations are available at https://www.ncqa.org/wp-content/uploads/2021/06/20210609_HEDIS_MY_2021_Measure_Review_Memo.pdf. 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>. HEDIS MY 2021 and MY 2022 correspond to 2022 and 2023 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 2021 to 2023.