2026 Core Set of Behavioral Health Measures for Medicaid and CHIP (Behavioral Health Core Set)

To support CMS's efforts to improve behavioral health in Medicaid and CHIP, CMS identified a Behavioral Health Core Set of measures for mandatory reporting by state Medicaid and CHIP agencies, which is made up of the behavioral health measures on both the Child and Adult Core Sets. These measures will be used by CMS to measure and evaluate progress toward improvement of behavioral health in Medicaid and CHIP.

2026 Mandatory Behavioral Health Core Set Measures

CMIT #[a]	CMS Core Set	Measure Steward	Measure Name	Data Collection Method (see definitions below)
394	Adult	NCQA	Initiation and Engagement of Substance Use Disorder Treatment (IET-AD)	Administrative or EHR
432	Adult	NCQA	Medical Assistance with Smoking and Tobacco Use Cessation (MSC-AD)	Survey
271	Child	NCQA	Follow-Up Care for Children Prescribed Attention-Deficit/Hyperactivity Disorder (ADHD) Medication (ADD-CH)	ECDS or EHR
672	Child	CMS	Screening for Depression and Follow-Up Plan: Ages 12 to 17 (CDF-CH)	Administrative or EHR
672	Adult	CMS	Screening for Depression and Follow-Up Plan: Age 18 and Older (CDF-AD)	Administrative or EHR
268	Child	NCQA	Follow-Up After Hospitalization for Mental Illness: Ages 6 to 17 (FUH-CH)	Administrative
268	Adult	NCQA	Follow-Up After Hospitalization for Mental Illness: Age 18 and Older (FUH-AD)	Administrative
202	Adult	NCQA	Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD-AD)	Administrative
196	Adult	NCQA	Diabetes Care for People with Serious Mental Illness: Glycemic Status > 9.0% (HPCMI-AD)	Administrative or hybrid
448	Child	NCQA	Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM-CH)	ECDS
743	Child	NCQA	Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP-CH)	Administrative
750	Adult	SAMHSA	Use of Pharmacotherapy for Opioid Use Disorder (OUD-AD)	Administrative
264	Child	NCQA	Follow-Up After Emergency Department Visit for Substance Use: Ages 13 to 17 (FUA-CH)	Administrative
264	Adult	NCQA	Follow-Up After Emergency Department Visit for Substance Use: Age 18 and Older (FUA-AD)	Administrative
265	Child	NCQA	Follow-Up After Emergency Department Visit for Mental Illness: Ages 6 to 17 (FUM-CH)	Administrative
265	Adult	NCQA	Follow-Up After Emergency Department Visit for Mental Illness: Age 18 and Older (FUM-AD)	Administrative
18[b]	Adult	NCQA	Adherence to Antipsychotic Medications for Individuals With Schizophrenia (SAA-AD)	Administrative

2026 Provisional Behavioral Health Core Set Measures (Voluntary for 2026 Reporting)

CMIT #[a]	CMS Core Set	Measure Steward	Measure Name	Data Collection Method (see definitions below)
1781	Child	NCQA	Postpartum Depression Screening and Follow-Up: Under Age 21 (PDS-CH)	ECDS
1781	Adult	NCQA	Postpartum Depression Screening and Follow-Up: Age 21 and Older (PDS-AD)	ECDS
TBD	Child	NCQA	Prenatal Depression Screening and Follow-Up: Under Age 21 (PND-CH)	ECDS
TBD	Adult	NCQA	Prenatal Depression Screening and Follow-Up: Age 21 and Older (PND-AD)	ECDS

More information on Updates to the 2026 Child and Adult Core Health Care Quality Measurement Sets is available at https://www.medicaid.gov/medicaid/quality-of-care/performance-measurement/adult-and-child-health-care-quality-measures/childrens-health-care-quality-measures/index.html and https://www.medicaid.gov/medicaid/quality-of-care/performance-measurement/adult-and-child-health-care-quality-measures/adult-health-care-quality-measures/index.html. A resource that provides a history of the measures included in the Child and Adult Core Sets is available at https://www.medicaid.gov/medicaid/quality-of-care/downloads/core-set-history-table.pdf.

It is important to note that these measures reflect high quality comprehensive care provided across health care providers and settings. This list of measures is not intended to define the type of providers or the health care settings in which care is provided.

[a] The CMS Measures Inventory Tool (CMIT) is the repository of record for information about the measures that CMS uses to promote healthcare quality and quality improvement. More information is available at https://cmit.cms.gov/cmit/. A public access quick start guide for CMIT is available at https://cmit.cms.gov/cmit/assets/CMIT-QuickStartPublicAccess.pdf.

[b] The Adult Core Set includes the NCQA version of the measure, which is adapted from the CMS measure.

CHIP = Children's Health Insurance Program; CMIT = CMS Measures Inventory Tool; CMS = Centers for Medicare & Medicaid Services; ECDS = Electronic Clinical Data Systems; EHR = Electronic Health Record; NCQA = National Committee for Quality Assurance; PQA = Pharmacy Quality Alliance; SAMHSA = Substance Abuse and Mental Health Services Administration.

The complete list of 2026 Child Core Set measures is available at https://www.medicaid.gov/medicaid/quality-of-care/downloads/2026-child-core-set.pdf.

The complete list of 2026 Adult Core Set measures is available at https://www.medicaid.gov/medicaid/quality-of-care/downloads/2026-adult-core-set.pdf.

Data Collection Method Definitions

Data Collection Method	Description
Administrative	The administrative method uses transaction data (such as claims and encounters) or other administrative data sources (such as vital records and registries) to calculate the measure. These data can be used in cases in which the data are known to be complete, valid, and reliable. When administrative data are used, the entire eligible population is included in the denominator.
Electronic clinical data systems (ECDS)	States may use several data sources to provide complete information about the quality of health services delivered to its beneficiaries. Data systems that may be eligible for ECDS reporting include, but are not limited to, member eligibility files, electronic health records, personal health records, clinical registries, health information exchanges, administrative claims systems, electronic laboratory reports, electronic pharmacy systems, immunization information systems, and disease/case management registries. **Notes for Core Set reporting:** • NCQA has retired the administrative-only data collection method for several Core Set measures. The ECDS data collection method includes use of administrative data, such as claims and encounters. • ECDS measure specifications will be available in a human-readable format for Core Set reporting. • CMS does not require data validation or auditing for Core Set reporting.
Electronic health records (EHR)	The electronic specification method uses electronic health record data to calculate the measure. Several Core Set measures include a link to electronic specifications within the resource manual.
Hybrid	The hybrid method uses both administrative data sources and electronic health record data to determine numerator compliance. Administrative data are reviewed to determine if beneficiaries in the systematic sample received the service, and medical record data are reviewed for beneficiaries who do not meet the numerator criteria through administrative data. The denominator consists of a systematic sample of beneficiaries drawn from the measure's eligible population.
Survey	The survey method uses data collected through a survey to calculate the measure.