2025 Medicaid and CHIP (MAC) Scorecard

December 2025

Fact Sheet

The MAC Scorecard is a Centers for Medicare & Medicaid Services (CMS) dashboard that draws from over 30 datasets derived from state and federal reporting efforts. In 2018, CMS developed the MAC Scorecard with the goal of improving transparency and accountability for Medicaid and the Children's Health Insurance Program (CHIP) administration and health outcomes. The measures selected for inclusion in the MAC Scorecard represent key data points that reflect CMS's priorities across different facets of the Medicaid and CHIP programs. As in previous years, CMS collaborated with the National Association of Medicaid Directors' (NAMD) Scorecard Advisory Group to review the measure set and identify website enhancements for the MAC Scorecard.

The 2025 MAC Scorecard is organized by the following pillars:

- **21** measures under **Program Characteristics** that describe aspects of Medicaid and CHIP and highlight variations across states in the areas of: care delivery, eligibility, enrollment, expenditures, and data to support program improvement.
- **22** measures under **Health Care Quality Performance** that show how states serve Medicaid and CHIP beneficiaries in areas related to the quality of health care.
- **12** measures under **Federal and State Program Administration** that can be used to assess the effectiveness and efficiency of federal and state partnerships.

Key highlights from this year's MAC Scorecard:

The MAC Scorecard presents select data on both program administration and the quality of health care provided in Medicaid and CHIP. Together, states and CMS can use the MAC Scorecard to drive improvements in areas such as state and federal alignment, beneficiary health outcomes and program administration. In this year's MAC Scorecard, many of the administrative measures, which assess how the federal government and states work together to administer Medicaid and CHIP to beneficiaries, achieved incremental gains or maintained performance levels similar to those in the 2024 MAC Scorecard.

Key highlights include:

- States and CMS's Unified Program Integrity Contractors (UPICs) work jointly to investigate issues of program integrity and to safeguard taxpayer dollars for the Medicaid programs. For Federal Fiscal Year (FFY) 2024, which is reflected in this year's MAC Scorecard, the UPIC measure shows increases in both the median and total number of Collaborative Investigations, including those investigations initiated using data from the Transformed Medicaid Statistical Information System (T-MSIS) as compared to the previous year.[1]
- CMS's vision for T-MSIS is for it to be the most trusted resource of comprehensive and quality Medicaid and CHIP data used for policy formulation, implementation, and oversight that enhances the nation's public health outcomes. As of June 2025, which is the timeframe reflected

[1] Measure name: Collaborative Investigations Between States and CMS's Unified Program Integrity Contractors. Data sourced from CMS's analysis of administrative data.

in the 2025 MAC Scorecard, an additional four states and one territory met the T-MSIS data quality targets for data submitted using the Outcomes Based Assessment (OBA) framework, as compared to June 2024, bringing the number to a total of 41 states and three territories.[2]

- The Healthcare Fraud Prevention Partnership (HFPP) is a voluntary, public-private partnership between the federal government, state and local government agencies, law enforcement, private health insurance plans, and anti-fraud organizations that seeks to identify and reduce fraud, waste, and abuse across the health care sector. For FFY 2024, which is reflected in this year's MAC Scorecard, the number of states and territories that participated in the HFPP program was sustained at FFY 2023 levels. In both FFYs 2023 and 2024, 47 states and two territories participated.[3]

The MAC Scorecard has 22 health care measures in this year's measure set. Health care-related quality measures in the MAC Scorecard can support CMS, states, and other stakeholders in understanding the quality of care provided to vulnerable populations and help guide improvements in care delivered to Medicaid and CHIP beneficiaries. The 2025 MAC Scorecard reports 19 measures from the CMS Child and Adult Core Sets.

Key highlights include:

- As reflected in this year's MAC Scorecard, the median number of both Child Core Set and Adult Core Set measures reported by each state slightly increased. The median number of Child Core Set measures reported by states was 27, compared to 25.5 measures in 2023. Similarly, for the 2024 Adult Core Set, the median number of measures reported was 30, compared to 28 measures in 2023. This increase may reflect the effect of mandatory reporting that begins with the 2024 Child Core Set[4] and the behavioral health measures on the Adult Core Set.[5]
- Several Child and Adult Core Set measures included in the MAC Scorecard showed modest but statistically significant improvement in median state performance from the 2022 to 2024 Core Sets (care provided in CY 2021 to 2023). CMS assesses which Child and Adult Core Set measures are available for trending for the most recent three-year period.[6,7] Examples of measures available for trending this year include[8]:

[2] Measure name: T-MSIS Data Quality: Outcomes Based Assessment. Data sourced from CMS data quality assessment of state-submitted T-MSIS files.
[3] Name of measure: Healthcare Fraud Prevention Partnership Participation. Data sourced from CMS's analysis of administrative data. Reflects participation in the HFPP at any level. Participation can include involvement in cross-payer studies that use state data, attendance at information-sharing events, or other activities.
[4] Section 50102(b) of the Bipartisan Budget Act of 2018 (P.L. 115-123) made state reporting of the Child Core Set mandatory starting in 2024: https://www.congress.gov/115/bills/hr1892/BILLS-115hr1892enr.xml.
[5] Section 5001 of the Substance Use Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities Act (SUPPORT Act) (P.L. 115–271) made state reporting of the behavioral health measures on the Adult Core Set mandatory starting in 2024: https://www.congress.gov/115/bills/hr6/BILLS-115hr6enr.pdf.
[6] CMS did not trend data from the 2020 to 2022 Core Sets due to comparability concerns resulting from the COVID-19 public health emergency.
[7] Criteria for Using the 2024 Child and Adult Core Set Measures to Assess Trends in State Performance In Medicaid and CHIP: https://www.medicaid.gov/medicaid/quality-of-care/downloads/trend-methods-brief-2024.pdf
[8] Trends in State Performance: 2022 to 2024 Child and Adult Core Set: https://www.medicaid.gov/medicaid/quality-of-care/downloads/trend-analysis-2024.xlsx

- Child Core Set[9]
  - Child and adolescent well-care visits: ages 3 to 21 (+1.8% from CY 2021 to CY 2023).[10]
  - Well-child visits in the first 15 months of life (+1.9%).[11]
- Adult Core Set[12]
  - Asthma management: ages 19 to 64 (+4.5%).[13]
  - Control of high blood pressure: ages 18 to 64 (+4.5%).[14]

Lastly, as part of this year's MAC Scorecard, CMS rolled out a handful of targeted refinements to existing website features including enhanced search functionality and measure selection features. Many of these targeted enhancements apply to the MAC Scorecard's state focus feature. By applying this filter, users can look at performance values for their selection of up to three states or territories across all applicable measures in the MAC Scorecard in a single view. Also new for 2025, and based on stakeholder feedback, CMS added a History Table on its *About Scorecard* page that contains a list of all measures that have been included in the MAC Scorecard since 2018.

[9] Quality of Care for Children and Adults in Medicaid and CHIP: CMS Releases Data from the 2024 Child and Adult Core Sets. https://www.medicaid.gov/medicaid/quality-of-care/downloads/2024-core-set-reporting.pdf.
[10] Name of measure: Child and Adolescent Well-Care Visits. This measure reports the percentage of children and adolescents ages 3 to 21 that had at least one comprehensive well-care visit with a primary care provider or an obstetrician/gynecologist.
[11] Name of measure: Well-Child Visits in the First 30 Months of Life. This rate reports the percentage of children that had well-child visits with a primary care practitioner during the last 15 months.
[12] Quality of Care for Children and Adults in Medicaid and CHIP: CMS Releases Data from the 2024 Child and Adult Core Sets. https://www.medicaid.gov/medicaid/quality-of-care/downloads/2024-core-set-reporting.pdf.
[13] Name of measure: Asthma Medication Ratio: Ages 19 to 64 This rate reports the percentage of adults ages 19 to 64 who were identified as having persistent asthma and had a ratio of controller medications to total asthma medications of 0.50 or greater during the calendar year.
[14] Name of measure: Controlling High Blood Pressure. This measure reports the percentage of adults ages 18 to 85 that had a diagnosis of hypertension and whose blood pressure (BP) was adequately controlled (<140/90 mm Hg) during the measurement year.