



SHO # 24-007

RE: 2026 Updates to the Child and Adult Core Health Care Quality Measurement Sets and Mandatory Reporting Guidance

December 20, 2024

Dear State Health Official:

The Centers for Medicare & Medicaid Services (CMS) is issuing this annual State Health Official (SHO) letter to provide the 2026 updates to the 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), and to provide the expectations for 2026 Core Set quality measure reporting, due to CMS by December 31, 2026. Throughout the SHO letter, the term “states” is used to refer collectively to the 50 states, the District of Columbia, Puerto Rico, the U.S. Virgin Islands, and Guam, which are all subject to mandatory reporting requirements.¹ American Samoa and the Northern 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 2026 Child and Adult Core Sets,
- Adherence to mandatory reporting guidance,
- Populations that states should include in reporting and the population exemption process, and
- Data stratification categories and measures for which stratified reporting is mandatory.

The Quality Measure Reporting (QMR) system will open for 2026 Core Set reporting in September 2026. Additional materials will be released in early 2026 including resource manuals and technical specifications, value sets, technical assistance (TA) briefs, and updates to the reporting system.

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 inform and drive quality improvement, leading to improved access to health care services for Medicaid and CHIP beneficiaries. The Medicaid and CHIP Child Core Set was established by Section 401 of the Children’s Health Insurance Program Reauthorization Act of 2009 (CHIPRA) (P.L. 111-3), which added section 1139A to the Social Security Act (the Act). Section 2701

¹ 42 CFR part 437, subpart A.

of title II, subtitle I of the Patient Protection and Affordable Care Act (ACA) (P.L. 111-148) added a new section 1139B to the Act. That section required the establishment of the Medicaid Adult Core Set.

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 2018² (P.L. 115-123) made state reporting of the Child Core Set mandatory starting in 2024, and section 5001 of the Substance Use Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities Act (SUPPORT Act)³ (P.L. 115–271) made state reporting of the behavioral health measures on the Adult Core Set mandatory starting in 2024. The remainder of the measures on the Adult Core Set are voluntary for states to report. In 2023, CMS published the Mandatory Medicaid and CHIP Core Set Reporting final rule (88 FR 60278) to provide requirements for mandatory reporting of the Core Sets.⁴ Since issuance of the final rule, CMS has provided subsequent guidance through annual SHO letters.^{5,6} Measures that are mandatory for states to report in 2026 will be referred to in this letter as “mandatory measures.”

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 Act provides that, beginning in January 2013, the Secretary of Health and Human Services shall publish recommended changes to the core measures annually.⁷ Section 1139B of the Act provides that the Secretary shall issue updates to the Adult Core Set beginning in January 2014 and annually thereafter.⁸

The 2026 Child and Adult Core Set Annual Review Workgroup, which represented a diverse array of affiliations and expertise, including state Medicaid and CHIP agencies, health care providers, health plans, and patient advocates, met in February 2024 to recommend updates to the 2026 Core Sets.⁹ CMS obtained input on the workgroup’s recommendations from state Medicaid and CHIP agencies, CMS, and other federal agency partners to ensure that the Core Set measures are evidence-based, feasible for state-level reporting, promote health equity, and are aligned within CMS and across the federal government where possible.¹⁰

² 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>

³ 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>

⁴ Final Rule:

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

⁵ Initial Core Set Mandatory Reporting Guidance SHO:

<https://www.medicare.gov/federal-policy-guidance/downloads/sho23005.pdf>

⁶ 2025 Core Set SHO: <https://www.medicare.gov/federal-policy-guidance/downloads/sho24001.pdf>

⁷ https://www.ssa.gov/OP_Home/ssact/title11/1139A.htm

⁸ https://www.ssa.gov/OP_Home/ssact/title11/1139B.htm

⁹ 2026 Annual Workgroup Final Report:

<https://www.mathematica.org/-/media/internet/features/2024/child-and-adult-core-set/2026coresetreview-finalreport.pdf>

¹⁰ CMS Annual Review and Selection Process:

<https://www.medicare.gov/medicare/quality-of-care/downloads/annual-core-set-review.pdf>

Summary of Annual Updates

Based on the input received through this annual review process, CMS is making the following updates to the Child and Adult Core Sets:

- 1) Two of the three 2025 Provisional Child Core Set measures will be added to the 2026 Child Core Set for mandatory reporting:¹¹
 - *Oral Evaluation During Pregnancy: Ages 15 to 20 (O EVP-CH)*;¹²
 - *Prenatal Immunization Status: Under Age 21 (PRS-CH)*.¹³
- 2) Two measures will be removed from the Adult Core Set for 2026:¹⁴
 - *Antidepressant Medication Management (AMM-AD)*;¹⁵
 - *Use of Opioids at High Dosage in Persons Without Cancer (OHD-AD)*.¹⁶
- 3) The *Postpartum Depression Screening and Follow-up* measure (PDS-CH and PDS-AD)¹⁷ will remain provisional for 2026.
- 4) One new provisional measure, with both child and adult age specifications, will be added for voluntary reporting in 2026. This provisional measure is **not** considered part of the 2026 Child or Adult Core Sets.
 - *Prenatal Depression Screening and Follow-Up: Under Age 21 (PND-CH)*,¹⁸ and *Prenatal Depression Screening and Follow-Up: Age 21 and Older (PND-AD)*.¹⁹
- 5) Two measures will transition from the Adult Core Set to the Home and Community-Based Services (HCBS) Quality Measure Set:
 - *Long-Term Services and Supports (LTSS) Comprehensive Care Plan and Update (CPU-AD)*;²⁰
 - *National Core Indicators Survey (NCIIDD-AD)*.²¹

Discussion of Annual Updates

Measures added to the 2026 Child Core Set

CMS is adding the following measures to the Child Core Set for mandatory state reporting in 2026. These measures were provisional for 2025 Core Set reporting.

- *Oral Evaluation During Pregnancy: Ages 15 to 20 (O EVP-CH)*.²² 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.

¹¹ Child Core Set: <https://www.medicaid.gov/medicaid/quality-of-care/downloads/2026-child-core-set.pdf>

¹² Measure Steward: Dental Quality Alliance (DQA)/ American Dental Association (ADA)

¹³ Measure Steward: National Committee for Quality Assurance (NCQA)

¹⁴ Adult Core Set: <https://www.medicaid.gov/medicaid/quality-of-care/downloads/2026-adult-core-set.pdf>

¹⁵ Measure Steward: NCQA

¹⁶ Measure Steward: Pharmacy Quality Alliance (PQA)

¹⁷ Measure Steward: NCQA

¹⁸ Measure Steward: NCQA

¹⁹ Measure Steward: NCQA

²⁰ Measure Steward: NCQA

²¹ Measure Steward: National Association of State Directors of Developmental Disabilities Services/Human Services Research Institute (NASDDDS/HSRI)

²² Measure Steward: DQA (ADA)

- *Prenatal Immunization Status: Under Age 21* (PRS-CH).²³ This measure assesses the percentage of deliveries in the measurement period in which beneficiaries under age 21 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.

Measures removed from the 2026 Adult Core Set

- The *Antidepressant Medication Management* (AMM-AD)¹⁵¹⁵ measure assesses the percentage of adults ages 18 to 64 with a diagnosis of major depression who were treated with and remained on an antidepressant medication. This measure is being removed because it is being retired by the measure steward.¹⁵
- The *Use of Opioids at High Dosage in Persons Without Cancer* (OHD-AD)¹⁶ measure assesses the percentage of adults who received prescriptions for opioids with an average daily dosage greater than or equal to 90 morphine milligram equivalents (MME) over a period of 90 days or more, excluding beneficiaries with a cancer diagnosis, sickle cell disease diagnosis, or in hospice or palliative care. It was recommended for removal due to lack of alignment with federal policy goals and strategies, particularly those included in the Centers for Disease Control and Prevention's (CDC's) 2022 Clinical Practice Guideline for Prescribing Opioids for Pain, which cautions against the implementation of dosage limits such as those set out in this measure.²⁴ The Adult Core Set will continue to include several measures related to treatment for opioid use disorder.

Provisional Measures

CMS is adding the following measure, with child and adult age specifications, as provisional and voluntary for state reporting in 2026:

- *Prenatal Depression Screening and Follow-Up: Under Age 21* (PND-CH).²⁵ This measure assesses the percentage of deliveries in which beneficiaries under age 21 were screened for clinical depression while pregnant and, if screened positive, received follow-up care.
- *Prenatal Depression Screening and Follow-Up: Age 21 and Older* (PND-AD).²⁶ This measure assesses the percentage of deliveries in which beneficiaries age 21 and older were screened for clinical depression while pregnant and, if screened positive, received follow-up care.

CMS will continue to categorize the *Postpartum Depression Screening and Follow-Up* (PDS-CH and PDS-AD) as provisional in 2026. Through public comments to the 2026 Workgroup Report and collection of other partner input, CMS became aware of significant state concerns about the feasibility of reporting both the prenatal and postpartum depression screening and follow-up measures due to a lack of access to the clinical data required to calculate the measures and the fact that many state Medicaid programs, plans, and providers do not use the codes required in the technical specifications. Because these measures cannot be reported by many states or the data reported would not provide valid, reliable performance results, these measures are provisional and voluntary for state reporting in 2026.

²³ Measure Steward: NCQA

²⁴ 2022 Clinical Practice Guideline for Prescribing Opioids for Pain:

https://www.cdc.gov/mmwr/volumes/71/rr/rr7103a1.htm?s_cid=rr7103a1_w

²⁵ Measure Steward: NCQA

²⁶ Measure Steward: NCQA

CMS recognizes the important role quality measurement plays in efforts to improve maternal health care quality and outcomes. CMS will continue to work with measure stewards, states, and federal partners to develop a plan to realize feasible, valid measures of maternal depression screening and care that can be used to meaningfully inform and drive quality improvement. CMS invites states to share experiences collecting and using the prenatal and postpartum depression screening and follow-up measures via email to MACQualityTA@cms.hhs.gov. We are particularly interested in whether states currently require or have health plans require providers to use the codes specified in the measures. In addition, CMS is providing Maternal and Infant Health Initiative TA opportunities focused on addressing Maternal Mental Health and Substance Use (MMH/SUD) through a recent content-driven webinar series and an action-oriented affinity group.²⁷

Measures transitioning to the HCBS Quality Measures Set

CMS first announced the HCBS Quality Measure Set through State Medicaid Director Letter (SMDL) # 22-003 on July 21, 2022.²⁸ As discussed in a CMCS Informational Bulletin issued on April 11, 2024 for Money Follows the Person grant recipients,²⁹ states and territories participating in the Money Follows the Person Demonstration are required to report on the HCBS Quality Measure Set beginning in 2026. In addition, several states with approved section 1115 demonstrations that include HCBS are also required to report on the HCBS Quality Measure Set. For all other states, use of the HCBS Quality Measure Set is voluntary at this time.

To minimize duplication across measure sets and to reduce state burden, CMS is transitioning the two measures identified below from the Adult Core Set to the HCBS Quality Measure Set³⁰ beginning in calendar year 2026. These measures will then be subject to the reporting requirements of the HCBS Quality Measure Set.³¹

- *Long-Term Services and Supports Comprehensive Care Plan and Update (CPU-AD)*.^{32,33} This measure assesses the percentage of adults 18 years and older who have documentation of a comprehensive LTSS care plan in a specified time frame that includes core elements.
- *National Core Indicators Survey (NCIIDD-AD)*.³⁴ This measure provides information on beneficiaries' experience and self-reported outcomes of LTSS for individuals with intellectual and/or developmental disabilities (I/DD) and their families.

Adherence to Mandatory Reporting Guidance

²⁷ <https://www.medicaid.gov/medicaid/quality-of-care/quality-improvement-initiatives/maternal-infant-health-care-quality/addressing-maternal-mental-health-and-substance-use-care-and-outcomes/index.html>

²⁸ SMDL #22-003 may be accessed at: <https://www.medicaid.gov/federal-policy-guidance/downloads/smd22003.pdf>.

²⁹ The referenced CMCS Informational Bulletin may be accessed at: <https://www.medicaid.gov/federal-policy-guidance/downloads/cib04112024.pdf>.

³⁰ For more information on the current HCBS Quality Measure Set, we refer readers to: <https://www.medicaid.gov/medicaid/quality-of-care/quality-improvement-initiatives/measuring-and-improving-quality-home-and-community-based-services/index.html>.

³¹ HCBS Quality: <https://www.medicaid.gov/medicaid/home-community-based-services/home-community-based-services-quality/index.html>

³² Measure Steward: NCQA

³³ CPU-AD is the NCQA HEDIS equivalent of LTSS-2 – Comprehensive Person-Centered Plan and Update, which is included in the 2024 HCBS Quality Measure Set. As noted in the April 2024 CMCS Informational Bulletin on the 2024 HCBS Quality Measure Set, states implementing the HCBS Quality Measure Set can opt to use the HEDIS equivalent of any measure in the HCBS Quality Measure Set. See <https://www.medicaid.gov/federal-policy-guidance/downloads/cib041124.pdf> for more information.

³⁴ Measure Steward: NASDDDS/HSRI

In order to meet the mandatory reporting requirements for the Child and Adult Core Sets previously identified, states must report on all mandatory measures by December 31, 2026.³⁵ 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.³⁶ CMS expects that the 2026 reporting resources will be available on Medicaid.gov in early 2026, and will notify states when they are posted. If states need individualized TA to support Core Set Reporting, please send a request to MACQualityTA@cms.hhs.gov.

To reduce state burden associated with measure reporting, CMS has identified alternate data sources that CMS will use to calculate measures on behalf of states. CMS will report the following 2026 Core Set 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; 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, through this annual guidance, CMS will identify any populations for whom reporting is not required for a specific year due to the difficulties states face in accessing data. While not required, states may voluntarily report on these exempted populations.

CMS will continue to exempt the following populations, which were identified in the Initial Mandatory Core Set SHO Letter as exempt from mandatory reporting, for 2026:³⁷

- 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.

A state may request a one-year exemption for a specific population if it demonstrates that it is unable to obtain access to data required to report the relevant Child and Adult Core Set measure or measures for that population despite making reasonable efforts to do so, and has a reasonable timeline of actions underway to resolve data access problems.³⁸ The population exemption request for 2026 Core Set reporting must be submitted by the State Medicaid Director by September 1, 2026. Please submit the request to (MACQualityTA@cms.hhs.gov).

³⁵ 42 CFR § 437.15.

³⁶ 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>

³⁷ 42 CFR § 437.10(c).

³⁸ 42 CFR §§ 437.10(b)(5)(i); 437.15(a)(4)(ii) and (6).

CMS is available for TA and to review draft submissions. 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, 2026. 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.

Measure Stratification

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.³⁹ 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 final rule, and further detailed in the Initial Mandatory Core Set SHO Letter, states will be required to report stratified data for 25% of the mandatory 2025 Core Set measures and 50% of the mandatory 2026 Core Set measures.^{40,41} These measures are identified in Table 1. CMS selected this subset of measures because they cover the lifespan, from birth through adulthood, and reflect high priority areas for improvement in health care delivery, health outcomes, and equity. CMS also prioritized measures included in other quality programs, such as Medicaid & CHIP Scorecard and the CMS Universal Foundation measure set.^{42,43}

For 2026, states will be expected to stratify the mandatory measures in Table 1 by race and ethnicity, sex, and geography, using established data standards.⁴⁴ CMS has updated the required categories for reporting in accordance with the 2024 updates to the Office of Management and Budget (OMB) standards, and CMS will note any future changes to the standards 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. Stratification of measures by additional factors will be phased in as data standards are established and data becomes available.

Table 1

Child Core Set Measures for Stratification by 2026 Core Set Reporting <i>14 measures</i>
Already Subject to Stratification (2025 Child Core Set)
<ul style="list-style-type: none"> Well-Child Visits in the First 30 Months of Life (W30-CH)

³⁹ <https://www.medicaid.gov/medicaid/quality-of-care/index.html>

⁴⁰ 42 CFR §§ 437.10(b)(7) and (d).

⁴¹ Initial Core Set SHO: <https://www.medicaid.gov/federal-policy-guidance/downloads/sho23005.pdf>

⁴² Scorecard: <https://www.medicaid.gov/state-overviews/scorecard/index.html>

⁴³ Universal Foundation: https://www.nejm.org/doi/full/10.1056/NEJMp2215539?query=featured_home

⁴⁴ For **race and ethnicity**, states should refer to the 2024 Office of Management and Budget (OMB) Statistical Policy Directive No. 15: Standards for Maintaining, Collecting, and Presenting Federal Data on Race and Ethnicity <https://www.federalregister.gov/d/2024-06469>. For **sex**, using the 2011 HHS standards, states should reference <https://aspe.hhs.gov/reports/hhs-implementation-guidance-data-collection-standards-race-ethnicity-sex-primary-language-disability-0#sogisc>. For **geography**, states should use a minimum standard of core-based statistical area (CBSA) (<https://www.census.gov/geographies/reference-maps/2020/geo/cbsa.html>) with recommendation to move towards Rural-Urban Commuting Area Codes (<https://www.ers.usda.gov/data-products/rural-urban-commuting-area-codes/>).

<ul style="list-style-type: none"> • Child and Adolescent Well-Care Visits (WCV-CH)
<p>Child Core Set Measures for Stratification by 2026 Core Set Reporting <i>14 measures</i></p>
<p>Already Subject to Stratification (2025 Child Core Set): <i>Continued</i></p>
<ul style="list-style-type: none"> • Oral Evaluation, Dental Services (OEV-CH)
<ul style="list-style-type: none"> • Follow-Up After Hospitalization for Mental Illness: Ages 6 to 17 (FUH-CH)
<ul style="list-style-type: none"> • Prenatal and Postpartum Care: Up to Age 20 (PPC2-CH)
<ul style="list-style-type: none"> • Live Births Weighing Less Than 2,500 Grams (LBW-CH) <ul style="list-style-type: none"> • <i>CMS calculates on behalf of states</i>
<ul style="list-style-type: none"> • Low-Risk Cesarean Delivery (LRCD-CH) <ul style="list-style-type: none"> • <i>CMS calculates on behalf of states</i>
<p>Additional Measures Subject to Stratification in 2026 Core Set</p>
<ul style="list-style-type: none"> • Follow-Up after Emergency Department Visit for Substance Use: Ages 6 to 17 (FUA-CH)
<ul style="list-style-type: none"> • Childhood Immunization Status (CIS-CH)
<ul style="list-style-type: none"> • Immunizations for Adolescents (IMA-CH)
<ul style="list-style-type: none"> • Asthma Medication Ratio: Ages 5 to 18 (AMR-CH)
<ul style="list-style-type: none"> • Lead Screening in Children (LSC-CH)
<ul style="list-style-type: none"> • Follow-Up Care for Children Prescribed ADHD Medications (ADD-CH)
<ul style="list-style-type: none"> • Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis: Ages 3 Months to 17 Years (AAB-CH)
<p>Adult Core Set Behavioral Health Measures Subject to Stratification in 2026 Core Set Reporting <i>5 measures</i></p>
<p>Already subject to stratification (2025 Core Set)</p>
<ul style="list-style-type: none"> • Initiation and Engagement of Substance Use Disorder Treatment (IET-AD)
<ul style="list-style-type: none"> • Follow-Up After Emergency Department Visit for Substance Use: Age 18 and Older (FUA-AD)
<ul style="list-style-type: none"> • Follow-Up After Hospitalization for Mental Illness: Age 18 and Older (FUH-AD)
<p>Additional Measures Subject to Stratification in 2026 Core Set</p>
<ul style="list-style-type: none"> • Follow-Up after Emergency Department Visit for Mental Illness: Age 18 and Older (FUM-AD)
<ul style="list-style-type: none"> • Use of Pharmacotherapy for Opioid Use Disorder (OUD-AD)

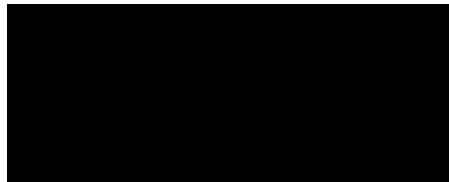
Closing

States and others are encouraged to visit the Performance Measurement page on Medicaid.gov for TA resources on Core Set reporting.⁴⁵ States can also submit questions or request TA for reporting the Child and Adult Core Sets by sending an email to: MACQualityTA@cms.hhs.gov.

Please note that, while CMS is issuing this guidance on the 2026 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 2026 Core Set.

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

⁴⁵ <https://www.medicaid.gov/medicaid/quality-of-care/performance-measurement/adult-and-child-health-care-quality-measures/index.html>