



NORMATIVE LETTER 25-0220-A

April 1st , 2025

To: Managed Care Organizations (MCOs) contracted to offer services under the Government Health Plan Program Vital: First Medical Inc., MMM, Plan de Salud de Menonita, and Triple-S

Re: Report 26: 2025 Adult and Child Core Measures

The Puerto Rico Health Insurance Administration (ASES) provides updated requirements for reporting related to Report 26: Adult and Child Core Measures for 2025.

Report 26: Adult and Child Core Measures (ACCMs)

The Adult and Child Core Measure Sets captures CMS published Medicaid Adult and Child Core standardized measures. The measures are updated on an annual basis which may result in measures being added, retired or a change in methodology. The Contractor must reference the core sets, and the reference manuals listed below. ASES requires MCOs to report the full array of Adult and Child Core Measure Sets including provisional measures and both optional and required categories for each measure from the CMS Technical Specifications to ensure comprehensive submission of the Adult and Child Core Measure Sets, including any future measures added by CMS.

Resources for the Adult and Child Core Measure Sets are provided by CMS and can be accessed at the CMS website:

[2025 Child Core Set Resources](#)

[2025 Adult Core Set Resources](#)

CMS has released the FFY 2025 Child Resource Manual and Technical Specifications and the FFY 2025 Adult Resource Manual and Technical Specifications. Population and data stratification categories should be reported as required by CMS. Below are highlights of changes that are included for the 2025 Child and Adult Core Sets:

2025 New Measures

There are six (6) new measures added to the Adult Core Set:

- Adult Immunization Status (AIS-AD)
- Ambulatory Care Sensitive Emergency Department Visits for Non-Traumatic Dental Conditions in Adults (EDV-AD)
- Low-Risk Cesarean Delivery: Age 20 and Older (LRCD-AD)
- Oral Evaluation During Pregnancy: Ages 21 to 44 (OEVP-AD)
- Prenatal Immunization Status: Age 21 and Older (PRS-AD)
- Postpartum Depression Screening and Follow-Up: Age 21 and Older (PDS-AD), provisional, but required by ASES.

There are three (3) new measures that have been added to the Child Core Set, these are listed as provisional by CMS but required by ASES:

- Oral Evaluation During Pregnancy: Ages 15 to 20 (OEVP-CH)
- Postpartum Depression Screening and Follow-Up: Under Age 21 (PDS-CH)
- Prenatal Immunization Status: Under Age 21 (PRS-CH)

2025 Stratifications

The 2025 Adult and Child Core Measure Sets include reporting requirements for race ethnicity, sex and geography. For reporting, the 2024 OMB Statistical Policy Directive No. 15 race and ethnicity standards should be used to identify race and ethnicity. When defining geography, areas are defined as Urban or Non-Urban.

There are seven (7) Child Core Measures that are identified for mandatory stratification reporting:

- 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) Note: CMS calculates on behalf of states
- Low-Risk Cesarean Delivery: Under Age 20 (LRCD-CH) Note: CMS calculates on behalf of states

*Measures LBW-CH and LRCD-CH are calculated by CMS.

There are three (3) Adult Core Measures that are identified for mandatory stratification reporting:

- 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: Age 18 and Older (FUH-AD)

2025 Updates

- HPCMI-AD: Diabetes Care for People with Serious Mental Illness: Hemoglobin A1c (HbA1c) Poor Control (> 9.0%) has been updated to Diabetes Care for People with Serious Mental Illness: Glycemic Status > 9.0%.
- HBD-AD: Hemoglobin A1c Control for Patients with Diabetes has been changed to GSD-AD: Glycemic Status Assessment for Patients with Diabetes

Submission Requirement:

The Contractor must submit the following documents:

- Attestation
- Original HEDIS vendor report.
- Excel Templates for both Child and Adult Core Set reporting, with the numerator, denominator and rate as outlined. This template is provided as a guide to follow the CMS submission requirements which allow the MCO to furnish the metrics that are publicly available. The templates now include fields for race ethnicity, sex and geography as instructed by CMS within the Technical Specifications and Resource Manuals for Adult and Child Core Measures.

Specifications:

The FFY 2025 Child Resource Manual and Technical Specifications and the FFY 2025 Adult Resource Manual and Technical Specifications should be used to report the 2025 Core set of Adult and Child Health Care Quality Measures for Medicaid.

The MCO must use hybrid data for:

- Glycemic Status Assessment for Patients with Diabetes (GSD)
- Prenatal and Postpartum Care (PPC)
- Controlling High Blood Pressure (CBP)

Administrative data for the remainder of the measures must be used unless there is a specific allowable data type directed by HEDIS® specifications.

Submission updates:

- PCR-AD: Plan All-Cause Readmissions, will now include all three categories: Count of Index Hospital Stays (IHS), Count of Observed 30-Day Readmissions, and Count of Expected 30-Day Readmissions.
- TFL-CH: Prevention: Topical Fluoride for Children, the technical specifications outline age groups: 1 to 3, 3 to 5, 6 to 14, 15 to 20, and a total of 1 to 20.
- MSC-AD: Medical assistance with smoking and tobacco use cessation, while CAHPS is submitted via Report 23, the Adult Core Set specifically requires reporting on Smoking Cessation for two age bands: 18-64 and 65+, along with the overall percentage of smokers.

Report 26, FFY 2025 Adult and Child Core Measure Submission Requirement:

The report is due on an annual basis within 6 months after the end of the calendar year with the first report being due to ASES by June 30, 2025. According to Regulatory Letter 24-0701-A issued by ASES on 16 August 2024. **ASES will not provide an extension to this due date.**

Note:

The Consumer Assessment of Healthcare Providers and Systems: CAHPS Health Plan Survey, Adult Version (CPA-AD) and the Consumer Assessment of Healthcare Providers and Systems (CAHPS) Health Plan Survey, Child Version Including Medicaid and Children with Chronic Conditions Supplemental Items (CPC-CH) are required for Report 23 and do not need to be reported within Report 26.

Cordially,



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Clinical Operations Principal General Manager

Report 26 – Child Core Measures – 2025

Reporting Year: 2025
Measurement Year: 2024

Measure Domain	Measure Code	Measure Name	Age Range	Race/Ethnicity	Sex	Geography	Administrative				<MCO> Hybrid							
							Eligible Population	Num	Denom	Rate	*The fields below are to be used when reporting hybrid results.							
Care of Acute and Chronic Conditions	AAB-CH	Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis	3 Months–17 Years															
Behavioral Health Care	ADD-CH	Follow-Up Care for Children Prescribed ADHD Medication – Initiation	6–12															
Behavioral Health Care	ADD-CH	Follow-Up Care for Children Prescribed ADHD Medication – Continuation and Management	6–12															
Care of Acute and Chronic Conditions	AMR-CH	Asthma Medication Ratio	5–11															
Care of Acute and Chronic Conditions	AMR-CH	Asthma Medication Ratio	12–18															
Care of Acute and Chronic Conditions	AMR-CH	Asthma Medication Ratio	5–18															
Behavioral Health Care	APM-CH	Metabolic Monitoring for Children and Adolescents on Antipsychotics – Blood Glucose	1–11															
Behavioral Health Care	APM-CH	Metabolic Monitoring for Children and Adolescents on Antipsychotics – Blood Glucose	12–17															
Behavioral Health Care	APM-CH	Metabolic Monitoring for Children and Adolescents on Antipsychotics – Blood Glucose (Total)	1–17															
Behavioral Health Care	APM-CH	Metabolic Monitoring for Children and Adolescents on Antipsychotics – Cholesterol	1–11															
Behavioral Health Care	APM-CH	Metabolic Monitoring for Children and Adolescents on Antipsychotics – Cholesterol	12–17															
Behavioral Health Care	APM-CH	Metabolic Monitoring for Children and Adolescents on Antipsychotics – Cholesterol (Total)	1–17															
Behavioral Health Care	APM-CH	Metabolic Monitoring for Children and Adolescents on Antipsychotics – Blood Glucose and Cholesterol	1–11															
Behavioral Health Care	APM-CH	Metabolic Monitoring for Children and Adolescents on Antipsychotics – Blood Glucose and Cholesterol	12–17															
Behavioral Health Care	APM-CH	Metabolic Monitoring for Children and Adolescents on Antipsychotics – Blood Glucose and Cholesterol (Total)	1–17															
Behavioral Health Care	APP-CH	Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics	1–11															
Behavioral Health Care	APP-CH	Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics	12–17															
Behavioral Health Care	APP-CH	Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (total)	1–17															
Maternal and Perinatal Health	CCP-CH	Contraceptive Care – Postpartum Women – Most or Moderately Effective Contraceptive Method 3 days	15–20															
Maternal and Perinatal Health	CCP-CH	Contraceptive Care – Postpartum Women – Most or Moderately Effective Contraceptive Method 90 days	15–20															
Maternal and Perinatal Health	CCP-CH	Contraceptive Care – Postpartum Women – Long-Acting Reversible Contraception Method 3 days	15–20															
Maternal and Perinatal Health	CCP-CH	Contraceptive Care – Postpartum Women – Long-Acting Reversible Contraception Method 90 days	15–20															
Maternal and Perinatal Health	CCW-CH	Contraceptive Care – All Women – Most or Moderately Effective Contraceptive Method	15–20															
Maternal and Perinatal Health	CCW-CH	Contraceptive Care – All Women Ages – Long-Acting Reversible Contraception Method	15–20															
Behavioral Health Care	CDF-CH	Screening for Depression and Follow-Up Plan	12–17															
Primary Care Access and Preventive Care	CHL-CH	Chlamydia Screening in Women	16–20															
Primary Care Access and Preventive Care	CIS-CH	Childhood Immunization Status – Combo 10	0–2											Hybrid Denominator:	Numerator by Administrative Data:	Numerator by Medical Records:	Hybrid Reported Rate:	
Primary Care Access and Preventive Care	CIS-CH	Childhood Immunization Status – Combo 3	0–2											Hybrid Denominator:	Numerator by Administrative Data:	Numerator by Medical Records:	Hybrid Reported Rate:	
Primary Care Access and Preventive Care	CIS-CH	Childhood Immunization Status – Combo 7	0–2											Hybrid Denominator:	Numerator by Administrative Data:	Numerator by Medical Records:	Hybrid Reported Rate:	
Primary Care Access and Preventive Care	CIS-CH	Childhood Immunization Status – DTaP	0–2											Hybrid Denominator:	Numerator by Administrative Data:	Numerator by Medical Records:	Hybrid Reported Rate:	
Primary Care Access and Preventive Care	CIS-CH	Childhood Immunization Status – Hep A	0–2											Hybrid Denominator:	Numerator by Administrative Data:	Numerator by Medical Records:	Hybrid Reported Rate:	
Primary Care Access and Preventive Care	CIS-CH	Childhood Immunization Status – Hep B	0–2											Hybrid Denominator:	Numerator by Administrative Data:	Numerator by Medical Records:	Hybrid Reported Rate:	
Primary Care Access and Preventive Care	CIS-CH	Childhood Immunization Status – Hib	0–2											Hybrid Denominator:	Numerator by Administrative Data:	Numerator by Medical Records:	Hybrid Reported Rate:	
Primary Care Access and Preventive Care	CIS-CH	Childhood Immunization Status – Influenza	0–2											Hybrid Denominator:	Numerator by Administrative Data:	Numerator by Medical Records:	Hybrid Reported Rate:	
Primary Care Access and Preventive Care	CIS-CH	Childhood Immunization Status – MMR	0–2											Hybrid Denominator:	Numerator by Administrative Data:	Numerator by Medical Records:	Hybrid Reported Rate:	
Primary Care Access and Preventive Care	CIS-CH	Childhood Immunization Status – IPV	0–2											Hybrid Denominator:	Numerator by Administrative Data:	Numerator by Medical Records:	Hybrid Reported Rate:	
Primary Care Access and Preventive Care	CIS-CH	Childhood Immunization Status – Pneumococcal Conjugate	0–2											Hybrid Denominator:	Numerator by Administrative Data:	Numerator by Medical Records:	Hybrid Reported Rate:	
Primary Care Access and Preventive Care	CIS-CH	Childhood Immunization Status – Rotavirus	0–2											Hybrid Denominator:	Numerator by Administrative Data:	Numerator by Medical Records:	Hybrid Reported Rate:	
Primary Care Access and Preventive Care	CIS-CH	Childhood Immunization Status – VZV	0–2											Hybrid Denominator:	Numerator by Administrative Data:	Numerator by Medical Records:	Hybrid Reported Rate:	
Experience of Care	CPC-CH	CAHPS Health Plan Survey 5.1H Child version including Medicaid and children with Chronic Conditions Supplemental Items	All															
Primary Care Access and Preventive Care	DEV-CH	Developmental Screening in the First Three Years of Life – Total	1–3											Hybrid Denominator:	Numerator by Administrative Data:	Numerator by Medical Records:	Hybrid Reported Rate:	

