

**SUMMARY OF UPDATES TO THE ADULT CORE SET MEASURES
TECHNICAL SPECIFICATIONS AND RESOURCE MANUAL
JUNE 2017**

Overall Changes

- Updated reporting year to FFY 2017, and data collection timeframe to 2016.
- Updated specifications, value set codes, copyright, and table source information to HEDIS 2017 for all HEDIS measures.
- Added specifications for three new measures:
 - Measure CCP-AD: Contraceptive Care – Postpartum Women Ages 21-44
 - Measure FUA-AD: Follow-Up After Emergency Department Visit for Mental Health or Alcohol and Other Drug Dependence
 - Measure HPCMI-AD: Diabetes Care for People with Serious Mental Illness: Hemoglobin A1c (HbA1c) Poor Control (>9.0%)
- Retired one measure:
 - Measure CTR-AD: Timely Transmission of Transition Record

I. The Core Set of Adult Health Care Quality Measures

- Inserted information about updates to the 2017 Adult Core Set.

II. Data Collection and Reporting of the Adult Core Set

- Added information about value sets for the Adult Core Set measure specifications.
- Updated the Continuous Enrollment bullet to clarify that an individual must be continuously enrolled with the measure-specified benefit(s) to be considered continuously enrolled (e.g., pharmacy or mental health).
- Added bullet on Retroactive Eligibility with guidance on accounting for retroactive eligibility when calculating continuous enrollment.
- Added bullet on Date Specificity to clarify that a date must be specific enough to determine that an event occurred during the specified timeframe in the measure.
- Revised the Data Collection Methods bullet to (1) clarify that each measure specification specifies the data collection method(s) that must be used and (2) add information about the eMeasure method.
- Added guidance to the ICD-9/ICD-10 Conversion bullet to clarify when ICD-9 codes will be removed from measure specifications.

III. Technical Specifications

Measure AMM-AD: Antidepressant Medication Management

- Modified definition of the Index Prescription Start Date (IPSD): The earliest prescription dispensing date for an antidepressant medication where the date is in the Intake Period and there is a Negative Medication History.
- Revised the “required exclusion” instructions for inpatient stays to search for admission and discharge dates that occur during the 121-day period.
- Clarified the number of gap days allowed for each numerator.

Measure BCS-AD: Breast Cancer Screening

- Clarified that the bilateral modifier code must be on the same claim as the mastectomy code.
- Clarified definition of primary screening; added tomosynthesis (3D mammography) to the list of diagnostic screenings not included in the measure.

Measure CBP-AD: Controlling High Blood Pressure

- Added “Dapagliflozin-metformin” and “Insulin degludec” to Table CBP-A, Prescriptions to Identify Beneficiaries With Diabetes.
- In Step 2 of the Hybrid Specification, replaced the reference to “coded with 401” with “coded with a diagnosis of hypertension (Essential Hypertension Value Set)”.
- Revised Step 1 of the Medical Record Specification to clarify which blood pressure readings do not count toward a representative BP.
- Added a note to clarify the intent when confirming the diagnosis of hypertension.

Measure CCS-AD: Cervical Cancer Screening

- Updated Guidance for Reporting to clarify that LOINC codes are optional for calculating the measure.
- Added language to clarify that reflex testing does not meet criteria in step 2 of the hybrid specification.

Measure CDF-AD: Screening for Clinical Depression and Follow-up Plan

- Updated Guidance for Reporting:
 - The screening tools listed in the measure specifications are examples of standardized tools. However, states may use any assessment tool that has been appropriately normalized and validated for the population in which it is being utilized. The name of the age-appropriate standardized depression screening tool utilized must be documented in the medical record.

- The denominator for this measure includes Medicaid beneficiaries age 18 and older with an outpatient visit during the measurement year. The numerator for this measure includes the following two groups:
 1. Those beneficiaries with a positive screen for clinical depression during an outpatient visit using a standardized tool with a follow-up plan documented.
 2. Those beneficiaries with a negative screen for clinical depression during an outpatient visit using a standardized tool.
- Deleted two standardized tools that qualify for the measure: Hopkins Symptom Checklist (HSCL) and The Sung Self-Rating Depression Scale (SDS).

Measure CHL-AD: Chlamydia Screening in Women Ages 21-24

- Updated Guidance for Reporting to clarify that LOINC codes are optional for calculating the measure.

Measure CPA-AD: Consumer Assessment of Healthcare Providers and Systems (CAHPS) Health Plan Survey 5.0H, Adult Version (Medicaid)

- Updated Guidance for Reporting:
 - When reporting this measure, states should document (1) how the measure was reported (e.g., whether raw data was submitted to AHRQ’s CAHPS Database), (2) which measurement specification (e.g., HEDIS) and data source (i.e., survey version, supplemental item sets, and administrative protocol) were used, and (3) the population included in the denominator (e.g., dual eligibles). Finally, states should submit a summary of their CAHPS results.
 - Any deviations in the questionnaire, data collection or survey administration, sampling, or data analysis should be reported in the field labeled “Additional Notes/Comments on Measure.”

Measure FUH-AD: Follow-Up After Hospitalization for Mental Illness: Age 21 and Older

- Updated Guidance for Reporting to clarify use of visit or procedure codes in conjunction with a diagnosis code.
- Added value sets to identify direct transfers.
- Revised the transitional care management language in the numerator section of the administrative specification to align with CMS’s changes to billing rules for transitional care management.

Measure HA1C-AD: Comprehensive Diabetes Care: Hemoglobin A1c Testing

- Updated Guidance for Reporting to clarify that LOINC codes are optional for calculating the measure.
- Clarified that the method and denominator for the HA1C and HPC measures should be the same.
- Added “Dapagliflozin-metformin” and “Insulin degludec” to Table HA1C-A, Prescriptions to Identify Beneficiaries with Diabetes.
- Added three HbA1c tests to the “Medical Record Review” section of the hybrid specification (Glycohemoglobin, Glycated hemoglobin, and Glcosylated hemoglobin).

Measure HPC-AD: Comprehensive Diabetes Care: Hemoglobin A1c Poor Control (>9.0%)

- Updated Guidance for Reporting to clarify that LOINC codes are optional for calculating the measure.
- Clarified that the method and denominator for the HA1C and HPC measures should be the same.
- Added “Dapagliflozin-metformin” and “Insulin degludec” to Table HPC-A, Prescriptions to Identify Beneficiaries with Diabetes.

Measure IET-AD: Initiation and Engagement of Alcohol and Other Drug Dependence Treatment

- Under the Index Episode Start Date (IESD) definition, clarified how to identify ED visits that result in an inpatient stay.
- Added instructions to identify direct transfers. Clarified that an AOD diagnosis is not required for direct transfers when identifying the IESD.

Measure MPM-AD: Annual Monitoring for Patients on Persistent Medications

- Updated Guidance for Reporting to clarify that LOINC codes are optional for calculating the measure.
- Added “Amlodipine-perindopril” to Table MPM-A, ACE Inhibitors/ARBs.

Measure OHD-AD: Use of Opioids at High Dosage in Persons Without Cancer

- Updated measure name to Use of Opioids at High Dosage in Persons Without Cancer.
- Changed age range for measure to from age 19 and older as of December 31 of the measurement year to age 18 and older as of January 1 of the measurement year.
- Removed references to “morphine equivalent does (MED)” and changed to “morphine milligram equivalents (MME).”
- Added exclusion for patients in hospice.

- Updated Guidance for Reporting:
 - States should report this measure as a rate per 1,000 beneficiaries who meet the denominator criteria.
 - Commercial claims for Medicaid beneficiaries with primary commercial insurance and secondary Medicaid coverage should be included if the beneficiaries have pharmacy benefits through Medicaid.
 - The cancer exclusion criterion is for beneficiaries with a diagnosis code for cancer during the measurement year. Their initial diagnosis may have occurred previously; however the diagnosis code for cancer should be present during the measurement year for the individual to be excluded.
- Removed ICD-9 codes from specifications and included them with ICD-10 codes in the value set directory posted online.
- Added language to treatment period definition to clarify that the treatment period must be 90 or more days.
- Updated definition of morphine milligram equivalent (formerly morphine equivalent dose):
 - Oral morphine milligram equivalent. The MME conversion factor used to retrospectively calculate daily MME to inform analyses of risks associated with opioid prescribing.
- Added language to clarify the allowable gap:
 - No more than one gap in continuous enrollment of up to 45 days during the treatment period. In cases where Medicaid enrollment is verified monthly, the beneficiary is considered continuously enrolled if there is no more than a 1-month gap in coverage (i.e., a beneficiary whose coverage lapses for 2 months [60 consecutive days] is not considered continuously enrolled). There is an allowable gap of up to 45 days during the measurement year for beneficiaries whose coverage is verified daily.
- Updated the list of exclusions noted in Table OHD-A, Opioid Medications.
- Updated the steps in the Numerator section for identifying beneficiaries with prescription opioids that exceeded the Morphine Milligram Equivalent threshold.
- Updated Table OHD-C, Opioid Morphine Milligram Equivalent Conversion Factors, for Buprenorphine tab or film; added Buprenorphine, film (MCG); removed Nalbuphine; and added note with formula.

Measure PC01-AD: PC-01 Elective Delivery

- Added eMeasure specification to the measure. There are now two versions of the specification: hybrid and eMeasure. The eMeasure specification is new for the 2017 Adult Core Set.
- Removed ICD-10 codes from specification and put them in the value set directory posted online.

- Updated Guidance for Reporting for Hybrid Specification:
 - The 120 day length-of-stay exclusion is calculated by subtracting the admission date from the discharge date. The date of delivery does not factor into the calculation.
 - Due to changes to ICD-10 codes that took effect on October 1, 2016, Table PC01-E1 should be used for discharges occurring before October 1, 2016. Table PC01-E2 should be used for discharges occurring on or after October 1, 2016. Tables PC01-A, PC01-B, PC01-C, and PC01-D can be used for the entire calendar year, January 1, 2016 – December 31, 2016. These tables are available at <https://www.medicaid.gov/license-agreement.html?file=%2Fmedicaid%2Fquality-of-care%2Fdownloads%2F2017-adult-non-hedis-value-set-directory.zip>.
- Added Guidance for Reporting for eMeasure Specification:
 - More information about this measure is available in the eCQM Library (CMS 113v4), available at http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/eCQM_Library.html. More information about CMS113v4 is available in the Electronic Clinical Quality Improvement Resource Center (eCQI Resource Center) at <https://ecqi.healthit.gov>.
 - Value sets for this measure are available from the U.S. National Library of Medicine Value Set Authority Center (VSAC), located at <https://vsac.nlm.nih.gov>. Access to the VSAC requires a Unified Medical Language System (UMLS) license; states may apply for a UMLS license at <https://uts.nlm.nih.gov/license.html>. When searching for value sets for the SRA measure, states should use the measure’s associated eMeasure number (CMS113v4) or NQF number (2829). To report on the 2017 Adult Core Set measure, use the version of the value sets associated with the May 2015 release.
- Updated list of coding systems used in the measure to include AdministrativeGender, CDCREC, ICD-9 (eMeasure only), ICD-10, RXNORM, SNOMED, and SOP.
- Removed ICD-9 codes from the hybrid specification to align with the Joint Commission 2016A specifications.
- Added clarification to the optional exclusions bullet about a change in ICD-10 codes that took place on October 1, 2016.
- Removed clinical trials from the exclusion criteria and data elements.

Measure PC03-AD: PC-03 Antenatal Steroids

- Changed measure description to “Percentage of Medicaid and CHIP enrolled women at risk of preterm delivery at ≥ 24 and < 34 weeks gestation that received antenatal steroids prior to delivering preterm newborns.”
- Updated Guidance for Reporting:
 - The 120 day length-of-stay exclusion is calculated by subtracting the admission date from the discharge date. The date of delivery does not factor into the calculation.

- If an admission date or discharge date is not found, the beneficiary should be excluded from the sample. If it is not possible to determine or estimate the gestational age, the beneficiary may still be included in the sample.
- Removed clinical trials from the exclusion criteria and data elements.

Measure PCR-AD: Plan All-Cause Readmissions

- Added language to step 1 under the denominator and numerator sections to clarify that inpatient stays where the discharge date from the first setting and the admission date to the second setting are two or more calendar days apart must be considered distinct inpatient stays.
- Added language to step 2 under the denominator and numerator sections to clarify how to identify direct transfers.

Measure PPC-AD: Prenatal and Postpartum Care: Postpartum Care

- Updated Guidance for Reporting to clarify that LOINC codes are optional for calculating the measure.

Measure PQI01-AD: PQI 01 Diabetes Short-term Complications Admission Rate

- Removed ICD-9 codes from specifications and put them with ICD-10 codes in the value set directory posted online.

Measure PQI05-AD: PQI 05 Chronic Obstructive Pulmonary Disease or Asthma in Older Adults

- Removed ICD-9 codes from specifications and put them with ICD-10 codes in the value set directory posted online.
- Removed “Acute bronchitis and any secondary ICD-9-CM diagnosis code for COPD” from the numerator criteria.

Measure PQI08-AD: PQI 08 Heart Failure Admission Rate

- Removed ICD-9 codes from specifications and put them with ICD-10 codes in the value set directory posted online.

Measure PQI15-AD: PQI 15 Asthma in Younger Adults Admission Rate

- Removed ICD-9 codes from specifications and put them with ICD-10 codes in the value set directory posted online.

Measure SAA-AD: Adherence to Antipsychotics for Individuals with Schizophrenia

- Updated Guidance for Reporting to clarify how to calculate number of days covered if both oral medications and long-acting injections are dispensed.
- Replaced all references to BH ED POS Value Set with ED POS Value Set (the codes in the value sets are the same).
- Added “Cariprazine” to Table SAA-A, Antipsychotic Medications.

Measure SSD-AD: Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications

- Replaced all references to BH ED POS Value Set with ED POS Value Set (the codes in the value sets are the same).
- Added “Dapagliflozin-metformin” and “Insulin degludec” to Table SSD-A, Prescriptions to Identify Beneficiaries with Diabetes.
- Added “Cariprazine” to Table SSD-B, Antipsychotic Medications.