SUMMARY OF UPDATES TO THE ADULT CORE SET MEASURES TECHNICAL SPECIFICATIONS AND RESOURCE MANUAL REVISED MAY 2018

Overall Changes

- Updated reporting year to FFY 2018, and data collection timeframe to 2017.
- Updated specifications, value set codes, copyright, and table source information to HEDIS 2018 for all HEDIS measures.
- Replaced medication tables with online reference to medication lists for the following HEDIS measures: AMM-AD, CBP-AD, CHL-AD, HA1C-AD, HPC-AD, HPCMI-AD, IET-AD, MPM-AD, SAA-AD, and SSD-AD.
- Added EHR as a data collection method and included links to electronic specifications for the following measures: AMM-AD, BCS-AD, CBP-AD, CCS-AD, CDF-AD, CHL-AD, HPC-AD, IET-AD, and PC01-AD.
- Clarified that the eligible population for measurement includes Medicaid and CHIP beneficiaries who satisfy measure-specific eligibility criteria. Removed Medicaid and CHIP references within individual specifications.
- Added information about the hospice exclusion to the following sections:
  - Data Collection and Reporting (Section II)
  - Guidance for Reporting for the following measures: ABA-AD, AMM-AD, AMR-AD, BCS-AD, CBP-AD, CCS-AD, CHL-AD, FUA/FUM-AD, FUH-AD, HA1C-AD, HPC-AD, IET-AD, MPM-AD, PCR-AD, PPC-AD, SAA-AD, SSD-AD (Section III)
  - HEDIS value set directory
- Added specifications for three new measures:
  - Measure AMR-AD: Asthma Medication Ratio: Ages 19–64
  - Measure CCW-AD: Contraceptive Care – All Women Ages 21–44
  - Measure COB-AD: Concurrent Use of Opioids and Benzodiazepines
- Added one new appendix:
  - Appendix C: Interpreting Rates for Contraceptive Care Measures
  - Renumbered appendices to correspond with the order cited in the Technical Specifications and Resource Manual.

I. The Core Set of Adult Health Care Quality Measures

- Inserted information about updates to the 2018 Adult Core Set.

II. Data Collection and Reporting of the Adult Core Set

- Added information about the CCW-AD and COB-AD value sets.

III. Technical Specifications

Measure AMM-AD: Antidepressant Medication Management

- Added telehealth modifiers and telephone visits to the required exclusions (step 2).
- Added Telehealth Modifier Value Set and Telephone Visits Value Set.

Measure BCS-AD: Breast Cancer Screening

- Added digital breast tomosynthesis as a method for meeting numerator criteria.
- Revised the "Additional Notes" section to clarify which procedures and diagnostic tests count toward the numerator.

Measure CBP-AD: Controlling High Blood Pressure

- Clarified that a diagnosis code for hypertension documented in the medical record may be used to confirm the diagnosis of hypertension.
- Revised the language in step 1 of the Numerator and added "Additional Notes" clarifying the intent when excluding BP readings from the numerator.
- Clarified in the "Additional Notes" that BP readings taken on the same day that the patient receives a common low-intensity or preventive procedure are eligible for inclusion.

Measure CCP-AD: Contraceptive Care – Postpartum Women Ages 21–44

- Updated the value set to be consistent with the 340B drug list.
- Updated specification and value set to no longer adjust for LARC removals in the numerator. The specifications no longer treat women who had a LARC removal without a subsequent reinsertion or other provision of a most or moderately effective method as non-users, as the CCP measure is focused on access rather than use.

Measure CDF-AD: Screening for Depression and Follow-up Plan: Age 18 and Older

- Revised measure name to remove "Clinical" and included age range for measure.
- Updated Guidance for Reporting:
    - The measure steward does not provide diagnosis codes for the depression and bipolar disorder exclusions; medical record review is required to determine the exclusions. For a beneficiary to meet these exclusion criteria, there must be an active diagnosis for one of these conditions documented prior to any encounter during the measurement period.
    - Clarified that a beneficiary should be counted in the numerator and denominator only once based on the most recent screening documented at an eligible encounter.
- Updated codes to identify outpatient visits for the denominator.

- Updated codes to identify exclusions for the numerator.

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

- Added an anchor date (December 31 of the measurement year).
- Clarified the allowable gap.

Measure FUA/FUM-AD: Follow-Up After Emergency Department Visit for Mental Illness or Alcohol and Other Drug Abuse or Dependence

- Revised the measure name to include "Abuse or Dependence" in the title.
- Revised measure specification to align with HEDIS; the measure is represented as two measures in HEDIS®: Follow-Up After Emergency Department Visit for Mental Illness (FUM) and Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (FUA).
- Revised measure acronym to include "FUM."
- Created separate 7-day and 30-day rates for Mental Illness and Alcohol and Other Drug (AOD) Abuse or Dependence. Four rates are now reported for this measure:
  - Mental Illness:
    - Percentage of ED visits for mental illness for which the beneficiary received follow-up within 7 days of the ED visit (8 total days).
    - Percentage of ED visits for mental illness for which the beneficiary received follow-up within 30 days of the ED visit (31 total days).
  - Alcohol and Other Drug Abuse or Dependence:
    - Percentage of ED visits for AOD abuse or dependence for which the beneficiary received follow-up within 7 days of the ED visit (8 total days).
    - Percentage of ED visits for AOD abuse or dependence for which the beneficiary received follow-up within 30 days of the ED visit (31 total days).
- Clarified in the event/diagnosis that the beneficiary must be 18 years or older on the date of the visit.
- Separated eligible population description into separate sections for Mental Illness and AOD Abuse or Dependence.
- Separated administrative specification into separate sections with instructions on calculating the denominators and numerators for Mental Illness and for AOD Abuse or Dependence.
- Replaced the Telehealth Value Set with the Telephone Visits Value Set and the Online Assessments Value Set (the value set was split, but codes are unchanged).
- Added telehealth modifiers to the numerators.

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

- Revised the measure specification to no longer count visits that occur on the date of discharge.
- Added telehealth modifiers to the numerators to clarify that these code combinations can be used with or without a telehealth modifier.
- Replaced the TCM 7 Day Value Set and TCM 14 Day Value Set with the Transitional Care Management Services Value Set. Added the Telehealth Modifier Value Set.

Measure FVA-AD: Flu Vaccinations for Adults Ages 18 to 64

- Updated Guidance for Reporting to explain that if the denominator is less than 100, the measure is not reported.
- Added an anchor date to the measure.

Measure HPC-AD: Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Poor Control

- Clarified that for the numerator, states should use codes in the HbA1c Tests Value Set to identify the most recent HbA1c test during the measurement year.

Measure HVL-AD: HIV Viral Load Suppression

- Added Guidance for Reporting:
  - The denominator includes beneficiaries who have received a medical visit, but not necessarily an HIV viral load test, during the measurement year.
  - States may match Medicaid claims data with HIV surveillance data to identify the eligible population and to calculate the numerator and denominator. States that are interested in using HIV surveillance data to calculate this measure may request additional information by emailing MACQualityTA@cms.hhs.gov.
- Removed IC9-9-CM codes from measure specifications.

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

- Revised the measure name to include "Abuse or Dependence" in the title.
- Added reporting by the following four alcohol or other drug (AOD) diagnosis cohorts: (1) alcohol abuse or dependence, (2) opioid abuse or dependence, (3) other drug abuse or dependence, and (4) total AOD abuse or dependence.
- Added Guidance for Reporting:
  - The total is not a sum of the diagnosis cohorts. Count beneficiaries in the total denominator rate if they had at least one alcohol, opioid or other drug abuse or dependence diagnosis during the measurement period. Report beneficiaries with multiple diagnoses on the Index Episode claim only once for the total rate for the denominator.

- Exclude beneficiaries from the denominator for both rates (initiation of AOD treatment and engagement of AOD treatment) if the initiation of treatment event is an inpatient stay with a discharge date after November 27 of the measurement year.

- Added pharmacy benefit to the definition of the eligible population.
- Clarified that for ED visits resulting in an inpatient stay, the diagnosis from the ED visit should be used; an AOD diagnosis is not required for the stay when identifying the IESD.
- Clarified that a direct transfer is when the discharge date from the first inpatient setting precedes the admission date to a second inpatient setting by one calendar day or less.
- Clarified how to identify an ED visit that resulted in an inpatient stay.
- Added dispensing of medication-assisted treatment as method of meeting numerator criteria for initiation of AOD treatment.
- Added "telehealth" to the denominator and numerators.
- Removed note stating that events that include inpatient detoxification or detoxification codes should not be included when identifying initiation or engagement in AOD treatment.
- Extended the Engagement of AOD Treatment time frame from 30 days to 34 days.
- Added medication lists for MAT for Alcohol Abuse or Dependence and for Opioid Abuse or Dependence.
- Added Alcohol Abuse and Dependence Value Set, Medication Assisted Treatment Value Set, Opioid Abuse and Dependence Value Set, Other Drug Abuse and Dependence Value Set, Telehealth Modifier Value Set, and Telephone Visits Value Set.

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

- Removed the Digoxin rate from the measure.
- Removed Digoxin Level Value Set.

Measure MSC-AD: Medical Assistance with Smoking and Tobacco Use Cessation

- Clarifying in the Guidance for Reporting that if the denominator is less than 100, the measure result is not reported. States should note the reason for not reporting as "denominator too small."
- Added an anchor date to the measure (December 31 of the measurement year).

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

- Updated Guidance for Reporting:
  - Clarified that the only opioids that should be included when calculating this measure are those in the NDC list.
  - Clarified that only paid claims should be included.

- Added definition of Prescription Claims: only paid, non-reversed prescription claims are included in the data set to calculate the measure.
- Added definition of Identifying Days' Supply for Opioids: (1) clarified that days' supply that occur after the measurement year should be excluded, and (2) described how to account for multiple prescriptions with the same date of service, or for different dates of service with overlapping days' supply.
- Clarified that denominator includes the number of individuals from the eligible population with two or more prescription claims for opioids with unique dates of service, for which the sum of the days' supply is ≥15.
- Deleted Buprenorphine from Table OHD-A. Opioid Medications.
- Clarified that cancer exclusion can include primary cancer diagnosis or any other diagnosis field, at any time during the measurement period.
- Clarified that hospice exclusion includes hospice indicator at any time during the measurement year.
- Deleted Table OHD-C Opioid MME Conversion factors; these conversion factors are in the NDC file for opioid medications that is available to states upon request.
- Added clarification on how to calculate daily MMEs when multiple prescriptions for opioids are dispensed on the same day or on different days.
- Added example calculation demonstrating how to calculate MME per day.

Measure PC01-AD: PC-01 Elective Delivery

- Updated Guidance for Reporting for Hybrid Specification:
    - Clarified that to determine gestational age, it is acceptable to use data from delivery logs or clinical information systems.
- Removed electronic specification from technical specifications and added link to electronic specification to Guidance for Reporting.
- Clarified that medical induction of labor is defined in Table PC01 and is applicable while not in Labor prior to the procedure.
- Added history of prior stillbirth as an exclusion and specified that medical record review is required for this exclusion data element.

Measure PC03-AD: PC-03 Antenatal Steroids

- Updated Guidance for Reporting:
    - Clarified that to determine gestational age, it is acceptable to use data from delivery logs or clinical information systems.
- Revised requirements for medical record review for exclusion data elements; removed clinical trial and added gestational age.

Measure PCR-AD: Plan All-Cause Readmissions

- Changed age range for measure from age 18 and older to ages 18 to 64.
- Added risk adjustment instructions in the measure specification (including a link to risk adjustment tables).
- Added Guidance for Reporting:
  - This measure applies to beneficiaries ages 18 to 64. Although the HEDIS measure includes stratified reporting by number of hospital stays and age, for the Adult Core Set, states should calculate and report only the Total rate.
  - Report the Expected Readmission Rate for this measure to four decimal places.
  - As shown in Table PCR-A, the data elements in columns 1, 2, and 4 are reported by the state. The data elements in columns 3 and 5 will be derived from the reported data.
  - Supplemental data may not be used for this measure.
- Changed "Denominator" to "Count of Index Hospital Stays (IHS)."
- Clarified the definition of "direct transfer": when the discharge date from the first inpatient setting precedes the admission date to a second inpatient setting by one calendar day or less.
- Clarified in step 2 of the Count of IHS (acute-to-acute direct transfers) that stays are excluded if the direct transfer's discharge date is after December 1 of the measurement year.
- Changed "Numerator" to "Count of 30-Day Readmissions."
- Added a note to step 3 of the Count of 30-Day Readmissions to clarify that for hospital stays where there was an acute-to-acute direct transfer, both the original stay and the direct transfer stay should be used to identify exclusions in this step.
- Added Introduction of Autologous Pancreatic Cells Value Set, Outpatient Value Set, Observation Value Set, Nonacute Inpatient Value Set, Acute Inpatient Value Set, and ED Value Set.
- Added Additional Notes section with information on the data elements that will be calculated based on the three reported data elements. These include the Observed Readmission Rate and Observed-to-Expected Ratio (O/E).
- Revised headers for all data elements in Table PCR-A.
- Removed the following columns in Table PCR-A:
  - Average Adjusted Probability
  - Variance
  - Lower Confidence Interval (O/E Ratio)
  - Upper Confidence Interval (O/E Ratio)
- Removed age stratifications from Table PCR-A.
- Removed Table PCR-B.

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

- Removed statement that pap test alone is acceptable for the rate in the medical record.

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

- Updated exclusion criteria to include county (PSTCO = missing).
- Updated Table PQI01-B (Admission Codes for Transfers) to include Intermediate Care Facility (ICF).

Measure PQI05-AD: PQI 05: Chronic Obstructive Pulmonary Disease (COPD) or Asthma in Older Adults Admission Rate

- Updated exclusion criteria to include county (PSTCO = missing).
- Updated Table PQI05-C (Admission Codes for Transfers) to include Intermediate Care Facility (ICF).

Measure PQI08-AD: PQI 08: Heart Failure Admission Rate

- Updated exclusion criteria to include county (PSTCO = missing).
- Updated Table PQI08-B (Admission Codes for Transfers) to include Intermediate Care Facility (ICF).

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

- Updated exclusion criteria to include county (PSTCO = missing).
- Updated Table PQI15-B (Admission Codes for Transfers) to include Intermediate Care Facility (ICF).

Measure SAA-AD: Adherence to Antipsychotic Medications for Individuals with Schizophrenia

- Revised the measure name to include "Medications" in the title.

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

- Updated Guidance for Reporting:
  - This measure includes LOINC codes. Use of LOINC codes is optional for this measure. If LOINC codes are not available, the other code systems in the value set may be used instead.

Appendix A: Adult Core Set HEDIS® Value Set Directory User Manual

- Noted that the Value Set Directory includes copyright and licensing information.
- Noted that ICD-9 codes were removed from the Value Set Directory if the look-back period plus one additional year has passed.

- Updated reference to CPT codes in value sets to CPT-CAT-II codes.

Appendix G: Additional Information on Data Elements for Measure PC-01: Elective Delivery and Measure PC-03: Antenatal Steroids

- Updated definition for denominator data elements requiring medical record review to: "The month, day, and year of admission to acute inpatient care."
- Updated the suggested data collection question to: "What is the date the patient was admitted to acute inpatient care?"
- For gestational age abstraction, clarified that it is acceptable to use data derived from vital records reports received from state or local departments of public health, delivery logs or clinical information systems if they are available and are directly derived from the medical record with a process in place to confirm their accuracy. If this is the case, these may be used in lieu of the acceptable data sources listed below.
- For Labor (PC-01), revised the suggested data collection question to: "Is there documentation by the clinician that the patient was in labor prior to induction and/or cesarean birth?"
- Provided additional examples of documentation of labor by the clinician, and clarified that documentation of regular contractions with or without cervical change, without mention of labor may be used to answer "yes" to labor.
- For Prior Uterine Surgery (PC-01), added history of metroplasty and/or prior removal of vestigial horn with entry into the uterine cavity under notes for abstraction.