SUMMARY OF UPDATES TO THE CHILD CORE SET MEASURES
TECHNICAL SPECIFICATIONS AND RESOURCE MANUAL
MARCH 2022

Overall Changes

- Updated reporting year to FFY 2022, and data collection timeframe to 2021.
- Updated specifications, value set codes, copyright, and table source information to HEDIS MY 2021 Vol. 2 for all HEDIS measures.
- Updated specifications, value set codes, and copyright information to correspond to calendar year 2021 for non-HEDIS measures.
- Added specifications for four new measures:
  - Measure FUA-CH: Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence: Ages 13 to 17
  - Measure FUM-CH: Follow-Up After Emergency Department Visit for Mental Illness: Ages 6 to 17
  - Measure OEV-CH: Oral Evaluation, Dental Services
  - Measure TFL-CH: Topical Fluoride for Children
- Retired two measures:
  - Measure PDENT-CH: Percentage of Eligibles Who Received Preventive Dental Services
  - Measure AUD-CH: Audiological Diagnosis No Later Than 3 Months of Age
- Removed Appendix D: Interpreting Rates for Contraceptive Care Measures, and inserted external link to updated resource in the CCP-CH and CCW-CH measure specifications.

I. The Core Set of Children’s Health Care Quality Measures

- Inserted information about updates to the 2022 Child Core Set.

II. Data Collection and Reporting of the Child Core Set

- Clarified that beneficiaries in hospice should be removed as states determine measure’s eligible population. For hybrid measures, states should remove beneficiaries in hospice prior to drawing the sample.
- Added guidance that states should exclude beneficiaries who die during the measurement year if the state can identify these beneficiaries. The state should attempt to remove these beneficiaries at it determines the eligible population and prior to drawing the sample for hybrid measures. This guidance applies to the following HEDIS measures in the Child Core Set: ADD-CH, AMR-CH, APM-CH, APP-CH, CHL-CH, CIS-CH, CPC-CH, FUA-CH, FUH-CH, FUM-CH, IMA-CH, PPC-CH, W30-CH, WCC-CH, and WCV-CH.
III. Technical Specifications

Measure CCP-CH: Contraceptive Care - Postpartum Women Ages 15 to 20

• Removed diaphragm as a moderately effective method of contraception.
• Updated value set directory including:
  - Updated codes indicating a miscarriage, ectopic pregnancy, stillbirth, or induced abortion.
  - Updated codes used to identify provision of a most or moderately effective contraceptive.
  - Updated codes used to identify use of a long-acting reversible contraception method.

Measure CCW-CH: Contraceptive Care - All Women Ages 15 to 20

• Removed diaphragm as a moderately effective method of contraception.
• Updated value set directory including:
  - Updated codes indicating sterilization for non-contraceptive reasons.
  - Updated codes indicating a miscarriage, ectopic pregnancy, stillbirth, or induced abortion.
  - Updated codes used to identify provision of a most or moderately effective contraceptive.
  - Updated codes used to identify use of a long-acting reversible contraception method.

Measure CDF-CH: Screening for Depression and Follow-up Plan: Ages 12 to 17

• Added Guidance for Reporting:
  - The intent of the measure is to screen for depression in beneficiaries who have never had a diagnosis of depression or bipolar disorder prior to the eligible encounter used to evaluate the numerator. Beneficiaries who have ever been diagnosed with depression or bipolar disorder will be excluded from the measure.
  - The measure assesses the most recent depression screening completed either during the eligible encounter or within the 14 days prior to that encounter. Therefore, a clinician would not be able to complete another screening at the time of the encounter to count toward a follow-up, because that would serve as the most recent depression screening. In order to satisfy the follow-up requirement for a beneficiary screening positively, the eligible clinician would need to provide one of the specified follow-up actions, which does not include use of a standardized depression screening tool.
  - Should a beneficiary screen positive for depression, a clinician could opt to complete a suicide risk assessment when appropriate and based on individual beneficiary characteristics. However, for the purposes of this measure, a suicide risk assessment will not qualify as a follow-up plan.
• Updated Screening definition to note that the depression screening can be either a clinical or diagnostic tool, and that the depression screening must be reviewed and addressed in the office of the provider on the date of the encounter.
• Updated Follow-up Plan definition to remove additional evaluation for depression and suicide risk assessment as requirements for documenting follow-up for a positive depression screening.
• Updated the exclusion language to clarify that the measure excludes beneficiaries who have been diagnosed with depression or bipolar disorder.

• Updated codes to identify outpatient visits.

Measure CIS-CH: Childhood Immunization Status

• Updated the measure description, Administrative Specification, and Combination Vaccinations for Childhood Immunization Status table to reflect that there are now three separate combination rates instead of nine. Combinations 2, 4, 5, 6, 8, and 9 were removed.

Measure DEV-CH: Developmental Screening in the First Three Years of Life

• Clarified Guidance for Reporting around using modified claims when calculating the numerator:
  - States can explore use of a modifier to indicate that a global developmental screening occurred. For example, Z13.42 can be used to indicate an “Encounter for screening for global developmental delays.” Additional guidance on coding is available at: https://www.aap.org/en-us/Documents/coding_factsheet_developmentalscreeningtestingandEmotionalBehvioraas sessment.pdf.
  - States should exclude a screening with a modifier if the intent of the modifier is to indicate that only a domain-specific screening occurred.
  - Modifiers that indicate that a screening was performed at a certain type of visit can be included.

Measure PPC-CH: Prenatal and Postpartum Care: Timeliness of Prenatal Care

• Updated the hybrid specification to indicate that sample size reduction is allowed using the current year’s administrative rate (FFY 2022 Core Set reporting) or the prior year’s rate (FFY 2021 Core Set reporting).

Measure SFM-CH: Sealant Receipt on Permanent First Molars

• Added Guidance for Reporting:
  - Sealants received on the 10th birthdate are not included in the numerator.

• Updated the anchor date to clarify that the beneficiary must be enrolled on the 10th birthdate to be included in the measure.