

**SUMMARY OF UPDATES TO THE CHILD CORE SET MEASURES
TECHNICAL SPECIFICATIONS AND RESOURCE MANUAL
MAY 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 two new measures:
 - Measure APP-CH: Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics
 - Measure CCP-CH: Contraceptive Care – Postpartum Women Ages 15-20

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

- Inserted information about updates to the 2016 Child Core Set.

II. Data Collection and Reporting of the Child Core Set

- Added information about value sets for the Child 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 clarify that each measure specification specifies the data collection method(s) that must be used.
- 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 AMB-CH: Ambulatory Care – Emergency Department (ED) Visits

- Updated Guidance for Reporting:
 - Consider all inpatient stays, regardless of payment status (paid, suspended, pending, denied), when confirming that an ED visit did not result in an inpatient stay. For example, if an ED visit is paid but an inpatient stay is denied, the ED visit resulted in an inpatient stay and should not be included in the measure numerator.

Measure APC-CH: Use of Multiple Concurrent Antipsychotics in Children and Adolescents

- Updated Guidance for Reporting:
 - A Guide to Calculating the Use of Multiple Concurrent Antipsychotics in Children and Adolescents (APC-CH) Measure in the Child Core Set is available at <https://www.medicaid.gov/medicaid/quality-of-care/performance-measurement/child-core-set/index.html>. This resource provides a step-by-step guide to calculating the APC-CH measure and describes the sample SAS code and data elements that can be used to calculate the measure.
 - Sample SAS code (including the National Drug Code [NDC] list) is available to states upon request from the TA mailbox at MACQualityTA@cms.hhs.gov. This SAS code can be adapted to state data systems to calculate the APC-CH measure.
- Added “Cariprazine” to the list of second generation antipsychotic medications in Table APC-A, Antipsychotic Medications.
- Added language to the numerator specification to clarify that denied claims are not included when assessing the numerator, but that all claims (paid, suspended, pending, and denied) must be included when identifying the eligible population.

Measure AWC-CH: Adolescent Well-Care Visit

- Clarified that services specific to the assessment or treatment of an acute or chronic condition do not count toward the measure.

Measure CIS-CH: Childhood Immunization Status

- Added CVX codes to the value sets, which indicate the product used in a vaccination.
- Added the HIV Type 2 Value Set to the optional exclusions.
- Added the Rotavirus vaccine to the optional exclusions.

Measure CLABSI-CH: Pediatric Central Line-Associated Bloodstream Infections (CLABSIs) (Note: CMS will report this measure for states based on data from the National Healthcare Safety Network)

- Updated the specification to reflect changes instituted by the measure steward in identifying CLABSIs.
- Updated the calculation method for the standardized infection ratio (SIR) to reflect the 2015 rebaseline. The 2015 rebaseline updates both the source of the aggregate data and the risk-adjustment methodology used to create the original baseline.

Measure CPC-CH: Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Health Plan Survey 5.0H – Child Version Including Medicaid and Children with Chronic Conditions Supplemental Items

- 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., Medicaid, CHIP). Finally, states should submit a summary of their CAHPS results.

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

- Modified the measure description and specifications to clarify that children can be screened in the 12 months preceding *or on* their first, second, or third birthday to meet measure criteria.

Measure FPC-CH: Frequency of Ongoing Prenatal Care

- Updated Step 2 of the numerator calculation to clarify how to determine the stage of pregnancy at the time of enrollment.

Measure FUH-CH: Follow-Up After Hospitalization for Mental Illness: Ages 6–20

- 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 HPV-CH: Human Papillomavirus (HPV) Vaccine for Female Adolescents

- Removed the standalone specification for the HPV vaccination rate; the measure was added as a new rate in the Immunizations for Adolescents (IMA) measure.

Measure IMA-CH: Immunizations for Adolescents

- Added the HPV vaccination rate to the measure.
- Added the Combination 2 (meningococcal, Tdap, HPV) vaccination rate to the measure.
- Added Guidance for Reporting about the HEDIS 14-Day Rule.
- In the numerator specifications, removed the tetanus, diphtheria toxoids (Td), and meningococcal polysaccharide vaccines.
- Added CVX codes to value sets used in the measure; these codes indicate the product used in a vaccination.

- In the medical record review section of the hybrid specification, added language about documentation of the meningococcal and Tdap vaccines.
- In the additional notes section, added language to clarify that only the quadrivalent meningococcal conjugate vaccine is included in the measure.

Measure MMA-CH: Medication Management for People with Asthma

- Added asthma medication “Fluticasone-vilanterol” to Table MMA-A, Asthma Medications, and Table MMA-B, Asthma Controller Medications.

Measure PC02-CH: PC-02: Cesarean Section

- Added Guidance for Reporting about which ICD-10 codes to use for discharges occurring before October 1, 2016 and on or after October 1, 2016.
- Replaced the word “parity” with “number of previous live births” throughout the specification.
- Removed ICD-9 codes from the specification to align with the Joint Commission 2016A specifications.
- Removed clinical trials from the exclusion criteria and data elements.

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

- Updated Guidance for Reporting to clarify that LOINC codes are optional for calculating the measure.
- Throughout the specification, clarified that the prenatal visit for the numerator can occur on the date of enrollment.

Measure SEAL-CH: Dental Sealants for 6–9 Year Old Children at Elevated Caries Risk

- Added CDT code D1354 to Table SEAL-A, CDT Codes to Identify “Elevated Risk.”

Measure SRA-CH: Child and Adolescent Major Depressive Disorder (MDD): Suicide Risk Assessment

- Introduced new variable ‘\$MDDEncounters177’ to allow re-use of logical expressions and reduce redundancy and complexity. This variable represents eight encounter types that meet the criteria for patient visits for the denominator and numerator specifications.
- In the measure logic, replaced 'OR' operators with 'Union of' operator to provide a mechanism for specifying that qualifying event(s) must be a member of at least one of the data elements being ‘unioned.’
- In the measure logic, introduced the new 'overlaps' timing operator to replace two lines of logic (AND/AND NOT) and to enforce when an event or set of events occur to meet the measure intent.
- Removed the 'Count >= 2' requirement from Initial Population denominator logic. Similarly, removed guidance from the numerator specifying that a minimum of two encounters are

required for a patient to be included in this measure to establish that the eligible professional has an existing relationship with the patient.

- Revised the numerator definition to clarify what, at minimum, a suicide risk assessment should evaluate to meet the numerator requirements.
- Replaced 'Patient Characteristic Birthdate' with 'Age at' operator and removed the Birth Date LOINC Value Set (2.16.840.1.113883.3.560.100.4).
- Removed data element Patient Provider Interaction from measure and removed value set Patient Provider Interaction (OID 2.16.840.1.113883.3.526.3.1012).
- Revised the names of four supplemental data elements' value sets:
 - Ethnicity CDCREC Value Set
 - Race CDCREC Value Set
 - Payer SOP Value Set
 - ONC Administrative Sex Administrative Gender Value Set

Measure W15-CH: Well-Child Visits in the First 15 Months of Life

- Added Guidance for Reporting about the HEDIS 14-Day Rule.
- In the medical record review portion of the hybrid specification, clarified that services specific to the assessment or treatment of an acute or chronic condition do not count toward the measure.

Measure W34-CH: Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life

- In the medical record review portion of the hybrid specification, clarified that services specific to the assessment or treatment of an acute or chronic condition do not count toward the measure.

Measure WCC-CH: Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents: Body Mass Index Assessment for Children/Adolescents

- In the medical record review portion of the hybrid specification, clarified that the BMI percentile must be documented as a value.