SUMMARY OF UPDATES TO THE CHILD CORE SET MEASURES TECHNICAL SPECIFICATIONS AND RESOURCE MANUAL FEBRUARY 2019

Overall Changes

- Updated reporting year to FFY 2019, and data collection timeframe to 2018.
- Updated specifications, value set codes, copyright, and table source information to HEDIS 2019 Vol. 2 for all HEDIS measures.
- Replaced sampling guidance in the measure specification with reference to sampling guidance in Section II. Data Collection and Reporting of the Child Core Set for the following measures: AWC-CH, CIS-CH, IMA-CH, PPC-CH, W15-CH, W34-CH, and WCC-CH.

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

- Inserted information about updates to the 2019 Child Core Set: No measures were added to or removed from the 2019 Child Core Set.

II. Data Collection and Reporting of the Child Core Set

- Added bullet about how to obtain value sets for electronic specifications. This applies to the following Child Core Set measures: ADD-CH, CDF-CH, CHL-CH, CIS-CH, and WCC-CH.
- Clarified that documentation that a beneficiary is near the end of life (e.g., comfort care, Do Not Resuscitate, Do Not Intubate) or is in palliative care does not meet criteria for the hospice exclusion.

III. Technical Specifications

Measure ADD-CH: Follow-Up Care for Children Prescribed Attention-Deficit/ Hyperactivity Disorder (ADHD) Medication

- Restructured the codes and value sets for identifying the numerators. Refer to the Value Set Directory for a detailed summary of changes.

Measure AMB-CH: Ambulatory Care: Emergency Department (ED) Visits

- Clarified how to identify ED visits that result in an inpatient stay

Measure AMR-CH: Asthma Medication Ratio: Ages 5–18

- Incorporated guidance into the measure specifications about when telehealth visits are allowed.
- Added instructions in step 4 of the numerator calculation to indicate that the ratio of controller medications to total asthma medications should be rounded to the nearest whole number using the .5 rule, before summing the number of beneficiaries in Step 5.
- Removed "Mast cell stabilizers" from the Asthma Controller Medications List.

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

- Revised the Guidance for Reporting section to specify that denied claims should not be included when identifying the eligible population or assessing the numerator.

Measure APP-CH: Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics

- Restructured the codes and value sets for identifying the required exclusions (step 4). Refer to the Value Set Directory for a detailed summary of changes.
- Clarified that schizoaffective disorder, autism, or other developmental disorders are excluded under step 4.
- Renamed the Other Psychotic Disorders Value Set as Other Psychotic and Developmental Disorders Value Set (codes remain unchanged).
- Removed acute inpatient encounter code combinations that referenced the Telehealth POS Value Set from step 4 (required exclusions).

Measure AWC-CH: Adolescent Well-Care Visits

- Clarified the medical record requirements for health history, physical developmental history, mental developmental history, and health education/anticipatory guidance.
- Added examples of documentation that does not meet numerator criteria for Medical Record Review.

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

- Added Guidance for Reporting:
  - Include all paid, suspended, pending, and denied claims.
  - Contraceptive surveillance codes can be used to document repeat prescriptions of contraceptives, contraceptive maintenance, or routine checking of a contraceptive device or system; contraceptive surveillance codes cannot be used for the initial prescription or provision of a contraceptive method. Contraceptive surveillance codes are included in the first rate for most or moderately effective contraceptive provision because this measure is intended to capture both new and existing contraceptive users. The second rate for LARC provision is designed to capture new LARC insertions, so contraceptive surveillance codes are not included in the second rate.

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

- Added Guidance for Reporting:
  - Include all paid, suspended, pending, and denied claims.
  - Contraceptive surveillance codes can be used to document repeat prescriptions of contraceptives, contraceptive maintenance, or routine checking of a contraceptive device or system; contraceptive surveillance codes cannot be used for the initial prescription or

provision of a contraceptive method. Contraceptive surveillance codes are included in the first rate for most or moderately effective contraceptive provision because this measure is intended to capture both new and existing contraceptive users. The second rate for LARC provision is designed to capture new LARC insertions, so contraceptive surveillance codes are not included in the second rate.

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

- Updated data collection method from Hybrid or EHR to Administrative or EHR.
- Added Guidance for Reporting:
  - This measure can be calculated using administrative data only. Medical record review may be used to validate the state's administrative data (for example, documentation of the name of the standardized depression screening tool utilized). However, validation is not required to calculate and report the measure.
  - This measure contains both exclusions and exceptions:
    - Denominator exclusion criteria are evaluated before checking if a beneficiary meets the numerator criteria; a beneficiary who qualifies for the denominator exclusion should be removed from the denominator.
    - Denominator exception criteria are only evaluated if the beneficiary does not meet the numerator criteria; beneficiaries who do not meet numerator criteria and also meet denominator exception criteria (e.g., medical reason for not performing a screening) should be removed from the denominator.
  - For a beneficiary to meet the depression or bipolar disorder exclusion criteria, there must be an active diagnosis for one of these conditions documented prior to any encounter during the measurement period. An active diagnosis for depression/bipolar disorder in this case indicates the absence of an end date/time of the diagnosis. Patients with active antidepressant medications listed in their medical record without an active bipolar/depression diagnosis documented in their record should not be excluded from the measure.
  - When multiple encounters that meet criteria for inclusion in the measure denominator take place in the measurement year, the most recent eligible encounter at which the screening took place should be used. The beneficiary should be counted in the denominator and numerator only once based on the most recent screening documented at the eligible encounter.
    - For example, if a beneficiary had a qualifying encounter in January of the measurement year and no depression screening was performed and then had a qualifying encounter in December of the same measurement year and had a depression screening, the encounter during December would be used for the measure denominator. If a beneficiary had an eligible encounter during January with a depression screening performed and an encounter during December with no screening performed, the January encounter would be used for the measure denominator.
  - Include all paid, suspended, pending, and denied claims.

- Added examples of standardized Adolescent and Perinatal Screening Tools.
- Added guidance about pharmacologic treatment for depression during pregnancy and/or lactation.
- Added clarification that there is no continuous enrollment requirement to the eligible population table.
- Updated codes in Tables CDF-A and CDF-C.
- Added Table CDF-D. Codes to Identify Active Diagnosis of Depression (Exclusions), Table CDF-E. Codes to Identify Diagnosed Bipolar Disorder (Exclusions), and Table CDF-F. Code to Identify Exceptions.

Measure CIS-CH: Childhood Immunization Status

- Revised the measles, mumps and rubella (MMR), chicken pox (VZV) and hepatitis A (HepA) numerators in the Administrative Specification to indicate that vaccinations administered on or between the child's first and second birthdays meet numerator criteria.
- Clarified that for the hybrid method, immunizations documented with a generic header (e.g., polio vaccine) or IPV/OPV can be counted as evidence of polio (IPV).

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

- Clarified under Allowable Gap that a beneficiary whose coverage lapses for 2 months (60 days) is not considered continuously enrolled.

Measure FUH-CH: Follow-Up After Hospitalization for Mental Illness: Ages 6 to 17

- Updated measure age range from children ages 6 to 20 to children ages 6 to 17.
- Revised the measure description and denominator to include beneficiaries with a principal diagnosis of intentional self-harm.
- Clarified and reordered the instructions for acute and nonacute readmissions and direct transfers.
- Renamed "Exclusions" to "Nonacute readmission or direct transfer" in the Eligible Population table.
- Restructured the codes and value sets for identifying the numerators. Refer to the Value Set Directory for a detailed summary of changes.
- Removed the use of a mental health diagnosis as a proxy for a visit with a mental health practitioner (all numerator events require a visit with a mental health practitioner).

Measure IMA-CH: Immunization for Adolescents

- Updated meningococcal vaccine references to specify serogroups A, C, W, and Y and to remove the reference to 'conjugate.'

- Added optional exclusions for the Tdap vaccine.

Measure PDENT-CH: Percentage of Eligibles Who Received Preventive Dental Services

- Added Guidance for Reporting:
  - Report dental services provided to eligible children in all places of service, such as dental offices, federally qualified health centers, and schools.

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

- Removed prenatal visits with internal organization codes for last menstrual period (LMP) / estimated date of delivery (EDD) and obstetrical history/risk assessment counseling from Decision Rule 3 of the Administrative specification. Internal organization codes are supplemental data and are in the scope of the hybrid specification.
- Clarified that documentation in the medical record of gestational age with either prenatal risk assessment and counseling/education or complete obstetrical history meets criteria for the Timeliness of Prenatal Care numerator.
- Clarified in the Notes that nonancillary services must be delivered by the required provider type.

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

- Clarified the medical record requirements for health history, physical developmental history, mental developmental history, and health education/anticipatory guidance.
- Added examples of documentation that does not meet numerator criteria for Medical Record Review.
- Clarified that children who turn 15 months old during the measurement year are included in the measure and to only count well-child visits that occur on or before the child's 15-month birth for the numerator.

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

- Clarified the medical record requirements for health history, physical developmental history, mental developmental history, and health education/anticipatory guidance.
- Added examples of documentation that does not meet numerator criteria for Medical Record Review.

Appendix C: Definition of Medicaid/CHIP Core Set Practitioner Types

- Updated definition of Primary Care Practitioner (PCP) to include guidance on federally qualified health centers (FQHCs).

Appendix H: Guidance for Conducting the Child Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Health Plan Survey 5.0H

- Updated criteria for children with claims or encounters during the measurement year or the year prior to the measurement year that indicate the child is likely to have a chronic condition.
- Clarified under Allowable Gap that a beneficiary whose coverage lapses for 2 months (60 days) is not considered continuously enrolled.