

**SUMMARY OF UPDATES TO THE ADULT CORE SET MEASURES
TECHNICAL SPECIFICATIONS AND RESOURCE MANUAL
MARCH 2020**

Overall Changes

- Updated reporting year to FFY 2020, and data collection timeframe to 2019.
- Updated specifications, value set codes, copyright, and table source information to HEDIS 2020 Vol. 2 for all HEDIS measures.
- Added specifications for two new measures:
 - Measure NCIDDS-AD: National Core Indicators® (NCI®)
 - Measure OUD-AD: Use of Pharmacotherapy for Opioid Use Disorder
- Retired two measures:
 - Measure HA1C-AD: Comprehensive Diabetes Care: Hemoglobin A1c (HbA1c) Testing
 - Measure MPM-AD: Annual Monitoring for Patients on Persistent Medications
- Added one appendix:
 - Appendix H: Guidance for Conducting the National Core Indicators® (NCI®) In-Person Survey (IPS)

I. The Core Set of Adult Health Care Quality Measures

- Inserted a footnote about mandatory state reporting of the Behavioral Health measures in the Adult Core Set, which is set to take effect in 2024 as part of Section 5001 of the Substance-Use Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities Act (SUPPORT for Patients and Communities Act) of 2018.
- Inserted information about updates to the 2020 Adult Core Set.

II. Data Collection and Reporting of the Adult Core Set

- Added a bullet to explain that starting with FFY 2020 the NDC codes needed to calculate the COB-AD and OHD-AD measures will be available for download in the COB/OHD value set directory on Medicaid.gov.
- Added a bullet about the medication lists and how to access them. The medication lists apply to the following Adult Core Set measures: AMM-AD, AMR-AD, BCS-AD, CBP-AD, CHL-AD, HPC-AD, HPCMI-AD, IET-AD, SAA-AD, SSD-AD.
- Clarified that when determining continuous enrollment and allowable gaps for the purpose of Core Set reporting, states should combine data across all programs, delivery systems, and managed care plans.
- Clarified that the retroactive eligibility guideline must be applied consistently across all measures.

- Clarified that when reporting across multiple reporting units, states should include individuals that meet continuous eligibility requirements at the state level, even if continuous enrollment requirements are not met at the reporting unit level (i.e., include individuals if they meet continuous eligibility requirements for Medicaid and CHIP at the state-level but do not meet continuous eligibility for a single program, delivery system, or managed care plan).
- Clarified that representativeness of data includes beneficiaries enrolled in all Medicaid and CHIP delivery systems as well as services received in all applicable health care settings (such as hospitals, outpatient settings, and federally qualified health centers).
- Clarified that states should include any special populations, such as waiver enrollees, in their Core Set reporting if they are covered by Medicaid or CHIP and satisfy all specified measure eligibility criteria for inclusion in the measure denominator.
- Clarified how state-level rates should be reported in the web-based reporting system when rates are combined across multiple entities using administrative data only, the hybrid method, or a combination of administrative and hybrid method data.
- Clarified that supplemental data can be used for determining the hospice exclusion, including for measures that otherwise exclude supplemental data. Value sets were updated accordingly.
- Added guidance for determining whether telehealth is eligible for use in reporting. HEDIS measures that are silent about telehealth (i.e., do not mention telehealth) include telehealth. HEDIS measures that exclude telehealth will indicate that telehealth is not eligible for use.
- Updated guidance on not reporting measures due to small numbers for PCR-AD to consider a Count of Index Hospital Stays less than 150 as meeting the small-numbers criterion.
- Clarified that the electronic health record Medicaid Incentive Program is now the Promoting Interoperability (PI) program.

III. Technical Specifications

Measure AMM-AD: Antidepressant Medication Management

- Updated the exclusions (step 2) to indicate that beneficiaries with an acute inpatient encounter with any diagnosis of major depression or a nonacute inpatient encounter with any diagnosis of major depression should be excluded from the eligible population.
- Removed “with or without a telehealth modifier” language throughout the specification.

Measure AMR-AD: Asthma Medication Ratio: Ages 19 to 64

- Clarified that drugs in different medication lists are considered different drugs for the purpose of reporting this measure.
- Added an acute inpatient discharge with principal diagnosis of asthma to the criteria for identifying the eligible population in the event/diagnosis step.
- Updated the value sets for identifying acute inpatient events for the event/diagnosis.
- Clarified how to identify asthma controller and asthma reliever medications using the medication tables within the specifications.

- Clarified telehealth requirements for identifying the event/diagnosis.
- Updated medications in the Asthma Controller Medications List.
- Modified medication lists to make them compatible with digital measure formatting.

Measure BCS-AD: Breast Cancer Screening

- Added guidance on identifying a nonacute inpatient discharge in the Exclusions step.
- Updated the exclusions (step 2) to indicate that beneficiaries with at least one acute inpatient discharge with an advanced illness diagnosis on the discharge claim should also be excluded from the eligible population.
 - Updated the value sets for identifying advanced illness.
- Updated the optional exclusions to remove the value set combinations for unilateral mastectomy where laterality (bilateral, left, right) is not specified.
- Modified the value sets to make them compatible with digital measure formatting.

Measure CBP-AD: Controlling High Blood Pressure

- Clarified telehealth requirements for identifying the event/diagnosis.
- Added guidance on identifying a nonacute inpatient discharge in the exclusions step.
- Updated the exclusions (step 2) to indicate that beneficiaries with at least one acute inpatient discharge with an advanced illness diagnosis on the discharge claim should also be excluded from the eligible population.
 - Updated the value sets used for identifying advanced illness.
- Clarified optional exclusion criteria apply to both the administrative and hybrid data collection methods.
- Clarified in the Additional Notes section that eligible blood pressure readings should be considered whether taken during an outpatient visit, nonacute inpatient encounter, or remote monitoring event excluding acute inpatient and ED visit settings.
- Added a Note to clarify that an electronic medical record can be used to identify the most recent blood pressure reading if it meets the criteria for appropriate medical record.
- Modified the value sets to make them compatible with digital measure formatting.
- Removed “with or without a telehealth modifier” language throughout the specification.

Measure CCS-AD: Cervical Cancer Screening

- Updated measure description and numerator criteria to include women ages 30 to 64 who were screened for cervical cancer and had cervical high-risk human papillomavirus (hrHPV) testing performed within the last 5 years.
- Updated the hybrid specification to indicate that sample size reduction is not allowed due to changes to FFY 2019 measure specification.

- Updated screening methods to include primary high-risk human papillomavirus testing.
- Modified the value sets to make them compatible with digital measure formatting.

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

- Clarified in the Guidance for Reporting that the measure is intended to promote screening of patients never previously diagnosed with depression or bipolar disorder.
- Clarified in the Guidance for Reporting that an active diagnosis for depression or bipolar disorder may or may not have an end date.
- Clarified in the Guidance for Reporting that codes to identify an active diagnosis of depression for the measure exclusions include both depression diagnoses and depression remission diagnoses.
- Added Guidance for Reporting:
 - If recommended follow-up includes additional screening, the additional screening must occur at the same encounter as the initial positive screen. The results of the additional screen are not necessary for data abstraction. An additional screen alone would not count toward a valid follow-up intervention to an initial positive screen.
- Added examples of follow-up plans that meet numerator criteria.
- Updated CPT and HCPCS codes for identifying outpatient visits.

Measure COB-AD: Concurrent Use of Opioids and Benzodiazepines

- Updated Guidance for Reported to explain that the opioid medications used to calculate the measure are available for download in the COB/OHD value set directory on Medicaid.gov.
- Updated Guidance for Reporting to indicate that beneficiaries with a cancer diagnosis, sickle cell disease diagnosis, or in hospice at any point during the measurement year are excluded from this measure.
- Added a Definition section to define sickle cell disease diagnosis.
- Modified the value set to include codes for identifying beneficiaries in hospice and with sickle cell disease diagnosis.
- Added exclusion for beneficiaries with sickle cell disease diagnosis.
- Added additional criteria to determine the eligible population in the event/diagnosis step, including:
 - Identify beneficiaries with an IPSD on January 1 through December 2 of the measure year or
 - Exclude beneficiaries who met hospice, cancer diagnosis, or sickle cell disease diagnosis.
- Added Benzohydrocodone to Table COB-A. Opioid Medications.

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

- Removed the Shared Decision Making composite questions from the survey.
- Removed the Health Promotion and Education question from the survey.
- Removed the Written Materials or Internet Provided Needed Information question from the survey.
- Removed the chronic conditions and proxy questions from the survey.

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

- Removed “with or without a telehealth modifier” language throughout the specification.

Measure FUH-AD: Follow-Up After Hospitalization for Mental Illness: Age 18 and Older

- Clarified that the diagnosis must be on the discharge claim when identifying the event/diagnosis and direct transfers.
- Added the Mental Health Practitioner Value Set to make the measure compatible with digital measure formatting.
- Added a Note that the Mental Health Practitioner Value Set can be used to identify mental health practitioners for states that report the measure using clinical data. If states do not use the Mental Health Practitioner Value Set, the state must map providers to a code in the value set for reporting.
 - Only providers who meet the definition of “mental health practitioner” in Appendix F are eligible to be mapped.
- Removed “with or without a telehealth modifier” language throughout the specification.

Measure FUM-AD: Follow-Up After Emergency Department Visit for Mental Illness

- Removed “with or without a telehealth modifier” language throughout the specification.

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

- Added additional criteria to the event/diagnosis criteria, including:
 - An acute inpatient discharge with diagnosis of diabetes or
 - At least two outpatient visits, observation visits, telephone visits, online assessments, ED visits, nonacute inpatient encounters, or nonacute inpatient discharges with a diagnosis of diabetes.
- Modified the value sets to include codes for identifying acute and nonacute inpatient events in the event/diagnosis.
- Modified the value sets to include codes for identifying advanced illness.
- Added values sets for identifying numerator compliance.

- Clarified the telehealth requirements for identifying the event/diagnosis.
- Modified the value sets to make them compatible with digital measure formatting.

Measure HPCMI-AD: Diabetes Care for People with Serious Mental Illness: Hemoglobin A1C (HbA1c) Poor Control (>9.0%)

- Added additional criteria to the event/diagnosis criteria, including:
 - An acute inpatient discharge with a diagnosis of diabetes or
 - At least two outpatient visits, observation visits, telephone visits, online assessments, ED visits, nonacute inpatient encounters, or nonacute inpatient discharges with a diagnosis of diabetes.
- Added exclusion for frailty and advanced illness and modified values sets accordingly.
- Modified the value sets to include codes for identifying acute and nonacute inpatient events in the event/diagnosis.
- Added value sets for identifying numerator compliance.
- Clarified the telehealth requirements for identifying the event/diagnosis.
- Modified the value sets to make them compatible with digital measure formatting.

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

- Revised description of the Engagement of Alcohol and Other Drug Abuse Dependence (AOD) Treatment rate to the percentage of beneficiaries who initiated treatment and who were engaged in ongoing AOD treatment within 34 days of the initiation visit.
- Added Guidance for Reporting:
 - This measure requires that medication assisted treatment (MAT) services match the diagnosis category of the index episode identified in the denominator in order to count toward the numerator of the engagement rate. Depending on the diagnosis used in the denominator (i.e., opioid abuse or dependence or alcohol abuse or dependence), a corresponding MAT medication should be used to satisfy the numerator.
- Revised the Intake Period to end on November 13 of the measurement year.
- Added “outpatient visits” in the following sections: IESD, negative diagnosis history, and Event/Diagnosis.
- Clarified that the diagnosis must be on the discharge claim when identifying acute and nonacute inpatient discharges.
- Updated medications in the Opioid Use Disorder Treatment Medications List.
- Clarified criteria for numerator compliance in step 2 under numerator 2: engagement of AOD treatment by noting that engagement events begin on the day after the initiation encounter through 34 days after the initiation event.
- Clarified criteria for identifying engagement visits.

- Clarified in Additional Notes section why pharmacy claims for methadone are not included in the medication lists for the measure.
- Removed “with or without a telehealth modifier” language throughout the specification.

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

- Updated Guidance for Reported to explain that the opioid medications used to calculate the measure are available for download in the COB/OHD value set directory on Medicaid.gov.
- Updated Guidance for Reporting to indicate that beneficiaries with a cancer diagnosis, a sickle cell disease diagnosis, or in hospice at any point during the measurement year are excluded from this measure.
- Added a Definition section to define sickle cell disease diagnosis.
- Modified the value set to include codes for identifying beneficiaries in hospice and with sickle cell disease diagnosis.
- Added exclusion for beneficiaries with sickle cell disease diagnosis.
- Added Benzohydrocodone to Table OHD-A. Opioid Medications.

Measure PC01-AD: PC-01: Elective Delivery

- Clarified that exclusions apply to the denominator.
- Removed prior uterine surgery from the list of exclusions.

Measure PCR-AD: Plan All-Cause Readmissions

- Revised index hospital stays (IHS) to include observation stays.
- Clarified that in the risk adjustment tables, clinical conditions (CCs) and hierarchical clinical conditions (HCCs) not listed receive a weight of ZERO (i.e., 0.0000).
- Added Definitions of “direct transfer,” “outliers,” “nonoutliers,” and “Medicaid population.”
- Clarified that the event/diagnosis should include acute inpatient and observation stay discharges for nonoutlier beneficiaries.
- Revised direct transfers to include observation stay discharges.
- Added steps to remove hospitalizations for outlier beneficiaries and report a count of outlier beneficiaries. Outliers are beneficiaries in the eligible population with four or more index hospital stays between January 1 and December 1 of the measurement year.
- Revised step 1 of the Utilization Risk Adjustment Determination to include acute and nonacute inpatient discharges as inpatient events to be reviewed.
- Added a step in the Risk Adjustment Weighting section to link the observation stay IHS weight (step 1).
- Removed the base weight variable and removed step for identifying base risk weight from the Risk Adjustment Weighting.

- Removed Sample Table: PCR—Risk Adjustment Weighting in Risk Adjustment Weighting since the table no longer reflects the current method for calculating the weights.
- Added a Note to step 4 in the numerator to clarify how to count numerator and denominator events.
- Added count of beneficiaries in Medicaid population, number of outliers, and outlier rate columns to Table PCR-A. Plan All-Cause Readmissions Rates.

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

- Revised the timing of the event/diagnosis criteria to include delivery of a live birth between October 8 of the year prior to the measurement year and October 7 of the measurement year.
- Revised the timing of the numerator to include postpartum visits on or between 7 and 84 days after delivery.
- Revised the Continuous Enrollment criteria to extend 60 days after delivery (rather than 56 days).
- Added a Note to step 1 of the event/diagnosis to clarify that the date of service or, for inpatient claims, the date of discharge, is used if the date of delivery cannot be interpreted on the claim.
- Clarified in the numerator to not count visits that occur on the date of delivery.
- Updated numerator to exclude services provided in acute inpatient setting.
- Updated the hybrid specification to indicate that sample size reduction is not allowed due to changes to FFY 2019 measure specifications.
- Added bullets to the hybrid specification with additional services that meet numerator criteria if documented in the medical record with a postpartum visit date.
- Removed note that ultrasound or lab results alone are not considered a visit (this note applies to PPC-CH only).

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

- Changed numerator description from all inpatient hospital admissions to all inpatient discharges.
- Added admission code to identify transfers from a hospice facility in Table PQI01-B. Admission Codes for Transfers.

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

- Changed numerator description from all inpatient hospital admissions to all inpatient discharges.
- Added admission code to identify transfers from a hospice facility in Table PQI05-C. Admission Codes for Transfers.

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

- Changed numerator description from all inpatient hospital admissions to all inpatient discharges.
- Added admission code to identify transfers from a hospice facility in Table PQI018-B. Admission Codes for Transfers.

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

- Changed numerator description from all inpatient hospital admissions to all inpatient discharges.
- Added admission code to identify transfers from a hospice facility in Table PQI15-B. Admission Codes for Transfers.

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

- Updated measure age range from beneficiaries ages 19 to 64 to beneficiaries age 18 and older.
- Clarified that drugs in different medication lists are considered different drugs for the purpose of reporting this measure.
- Added guidance for calculating the number of days covered when an oral medication and long-acting injection are dispensed on the same day and on different days.
- Added exclusions for beneficiaries with frailty and advanced illness.
- Clarified in step 4 of the administrative specification that the equation must be multiplied by 100 before rounding to the nearest whole number.
- Modified medication lists to make them compatible with digital measure formatting.
- Removed “with or without a telehealth modifier” language throughout the specification.

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

- Added additional criteria to the event/diagnosis criteria for exclusions, including:
 - An acute inpatient discharge with a diagnosis of diabetes or
 - At least two outpatient visits, observation visits, telephone visits, online assessments, nonacute inpatient encounters, or nonacute inpatient discharges with a diagnosis of diabetes.
- Updated the value sets used to identify acute and nonacute inpatient events with a diagnosis of diabetes.
- Clarified the telehealth requirements for identifying the event/diagnosis.
- Modified the value sets to make them compatible with digital measure formatting.
- Removed “with or without a telehealth modifier” language throughout the specification.

Appendix B: Guidance for Selecting Sample Sizes for HEDIS® Hybrid Measures

- Updated title and column headers in Table B.1 on determining sample sizes.

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

- Updated which survey questions must be completed appropriately for a survey vendor to assign a beneficiary a disposition code of “Complete and Eligible.”

Appendix E: CAHPS® Health Plan Survey 5.0H Adult Questionnaire (Medicaid)

- Removed the Shared Decision Making composite questions from the survey.
- Removed the Health Promotion and Education question from the survey.
- Removed the Written Materials or Internet Provided Needed Information question from the survey.
- Removed the chronic conditions and proxy questions from the survey.

Appendix F: Definitions of Medicaid/CHIP Core Set Practitioner Types

- Updated definition of Primary Care Practitioner (PCP) to include guidance on rural health clinics (RHCs).

Appendix G: Additional Information on Data Elements for Measure PC-01: Elective Delivery

- Added history of stillbirth as a denominator data element requiring medical record review.