

**SUMMARY OF UPDATES TO THE CHILD 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 one new measure:
 - Measure APM-CH: Metabolic Monitoring for Children and Adolescents on Antipsychotics
- Modified one measure to include additional indicators:
 - Measure WCC-CH: Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents
- Retired three measures:
 - Measure APC-CH: Use of Multiple Concurrent Antipsychotics in Children and Adolescents
 - Measure CAP-CH: Children and Adolescents' Access to Primary Care Practitioners
 - Measure CLABSI-CH: Pediatric Central Line–Associated Bloodstream Infections
- Removed one appendix:
 - Appendix F: Secondary Bloodstream Infection (BSI) Guide for CLABSI Measure

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

- Inserted a footnote about mandatory state reporting of the Child Core Set measures, which is set to take effect in 2024 as part of Section 50102 of the Bipartisan Budget Act of 2018.
- Inserted information about updates to the 2020 Child Core Set.

II. Data Collection and Reporting of the Child Core Set

- Added a bullet about the medication lists and how to access them. The medication lists apply to the following Child Core Set measures: ADD-CH, AMR-CH, APM-CH, APP-CH, CHL-CH.
- 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.
- Clarified that the electronic health record Medicaid Incentive Program is now the Promoting Interoperability (PI) program.

III. Technical Specifications

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

- Updated the exclusions (step 4) for both rates to indicate that children with an acute inpatient encounter for a behavioral or neurodevelopmental disorder should be excluded from the eligible population.
- Added guidance on identifying an acute inpatient discharge.

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

- Added Guidance for Reporting:
 - Supplemental data may not be used for this measure.

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

- Clarified that drugs in different medication lists are considered different drugs for the purpose of reporting this measure.
- Added an acute inpatient discharge with a 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 APP-CH: Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics

- Combined the “1 to 5 years” and “6 to 11 years” age stratifications into a single age group for children ages 1 to 11.
- Removed “with or without a telehealth modifier” language throughout the specification.
- Updated medications in the Antipsychotic Medications List.

Measure AWC-CH: Adolescent Well-Care Visits

- Added instructions to not count services provided via telehealth when reporting this measure.
- Added a Note to clarify that providing handouts during a visit without evidence of a discussion does not meet criteria for Health Education/Anticipatory Guidance.

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

- 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 any 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 CIS-CH: Childhood Immunization Status

- Added Guidance for Reporting:
 - If immunization registry data are used to calculate this measure, select “Immunization Registry” as an Administrative data source in the Data Source section of the web-based reporting system. States can select “Immunization Registry” in addition to other data sources used to calculate the measure. If use of immunization registry data varies by

reporting units, describe the data source used by each reporting unit in the “Additional Notes/Comments on Measures” section.

- Added live attenuated vaccine (LAIV) as a vaccine meeting numerator compliance for the influenza rate.
- Reformatted the MMR numerator specifications (MMR numerator requirements were not changed).
- Modified the value sets to make them compatible with digital measure formatting.

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 Measure

- Removed the Shared Decision Making composite questions from the survey.
- Removed the Health Promotion and Education question from the survey.
- Updated which survey questions must be completed appropriately for a survey vendor to assign a beneficiary a disposition code of “Complete and Eligible.”

Measure FUH-CH: Follow-Up After Hospitalization for Mental Illness: Ages 12 to 17

- 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 C are eligible to be mapped.
- Removed “with or without a telehealth modifier” language through the specification.

Measure IMA-CH: Immunizations for Adolescents

- Added Guidance for Reporting:
 - If immunization registry data are used to calculate this measure, select “Immunization Registry” as an Administrative data source in the Data Source section of the web-based reporting system. States can select “Immunization Registry” in addition to other data sources used to calculate the measure. If use of immunization registry data varies by reporting units, describe the data source used by each reporting unit in the “Additional Notes/Comments on Measures” section.
- Clarified in the hybrid specification that immunizations documented under a generic header of “meningococcal conjugate vaccine” or “meningococcal polysaccharide vaccine” meet numerator criteria.
- Modified the value sets to make them compatible with digital measure formatting.

Measure P02-CH: PC-02: Cesarean Birth

- Clarified that exclusions apply to the denominator (exclusions did not change).

Measure PPC-CH: Prenatal and Postpartum Care: Timeliness of Prenatal 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 numerator to specify that prenatal care visits occurring before the enrollment start date count toward the numerator.
- Added a Definitions section to define First Trimester, Enrollment Segment, and Last Enrollment Segment.
- Revised the Continuous Enrollment criteria to extend to 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.
- Deleted the decision rules for differing enrollment statuses and standardized the prenatal care visit requirements in the numerator.
- Clarified in the numerator to not count visits that occur on the date of delivery.
- Updated the hybrid specification to indicate that sample size reduction is not allowed due to changes to FFY 2019 measure specifications.

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

- Added instructions to not count services provided via telehealth when reporting this measure.
- Added a Note to clarify that handouts given during a visit without evidence of a discussion does not meet criteria for Health Education/Anticipatory Guidance.

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

- Added instructions to not count services provided via telehealth when reporting this measure.
- Added a Note to clarify that handouts given during a visit without evidence of a discussion does not meet criteria for Health Education/Anticipatory Guidance.

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

- Added counseling for nutrition and counseling for physical activity indicators to the specifications.
- Added Guidance for Reporting:
 - This measure was modified for the 2020 Child Core Set. The Counseling for Nutrition and Counseling for Physical Activity indicators were added to this measure for the 2020 Child Core Set. Prior Core Sets included only the Body Mass Index (BMI) Percentile Documentation indicator.

- Clarified that exclusions in the denominator must be applied across all rates.
- Added medical record review criteria for documentation of counseling for nutrition and counseling for physical activity.
- Added examples of documentation that do not count as numerator compliant for counseling for nutrition and counseling for physical activity.
- Clarified that services specific to the assessment or treatment of an acute or chronic condition do not count toward the counseling for nutrition and counseling for physical activity indicators.
- Clarified that a WIC referral may be used to meet the criteria for the counseling for nutrition indicator.
- Clarified that services rendered for obesity or eating disorders may be used to meet criteria for the counseling for nutrition and counseling for physical activity indicators.

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 C: Definitions of Medicaid/CHIP Core Set Practitioner Types

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

Appendix E: CAHPS® Health Plan Survey 5.0H Child Questionnaire (With CCC Measure)

- Removed the Shared Decision Making composite questions from the survey.
- Removed the Health Promotion and Education question from the survey.
- Removed proxy questions from the survey.

Appendix F: CAHPS® Health Plan Survey 5.0H Child Questionnaire (Without CCC Measure)

- Removed the Shared Decision Making composite questions from the survey
- Removed the Health Promotion and Education question from the survey.
- Removed proxy questions from the survey.

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

- Clarified that one acute or nonacute inpatient discharge during the measurement year or the year prior to the measurement year with a diagnosis code from the Chronic Conditions Value Set meets criteria for identifying children with chronic conditions.
- Clarified that one acute or nonacute inpatient discharge during the measurement year or the year prior to the measurement year with a diagnosis code from any of the following value sets meets criteria for identifying children with chronic conditions: Conduct Disorder Value Set; Emotional Disturbance Value Set; Hyperkinetic Syndrome Value Set; Asthma Value Set; Failure to Thrive Value Set.

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

Appendix H: Additional Information on Data Elements for Measure PC02-CH: PC-02: Cesarean Birth

- Updated allowable values for the documentation of the number of previous live births.
- Updated the notes for abstraction to clarify how to review documentation of previous live births.
- Updated the order of preference of the only allowable data sources that should be used to determine the number of previous life births.