

**SUMMARY OF UPDATES TO THE CHILD CORE SET MEASURES  
TECHNICAL SPECIFICATIONS AND RESOURCE MANUAL  
JUNE 2016**

**Overall Changes**

- Updated reporting year to FFY 2016, and data collection timeframe to 2015.
- Added information about coding systems used in each measure.
- Updated specifications, value set codes, copyright, and table source information to HEDIS 2016 for all HEDIS measures.
- Added two new measures:
  - Measure APC-CH: Use of Multiple Concurrent Antipsychotics in Children and Adolescents
  - Measure AUD-CH: Audiological Evaluation No Later Than 3 Months of Age
- Added one new appendix:
  - Appendix F: Secondary Bloodstream Infection (BSI) Guide for CLABSI Measure
- Modified Appendix I to include additional guidance on conducting the Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Health Plan Survey 5.0H – Child Version Including Medicaid and Children with Chronic Condition Supplemental Items

**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 guidance on using the Medicaid and CHIP Program (MACPro) system for quality measure reporting:
  - CMS has designated the Medicaid and CHIP Program (MACPro) system as the online tool that states should use when reporting Child Core Set measures. More information on the use of MACPro for quality measure reporting is available at <https://www.medicaid.gov/state-resource-center/medicaid-and-chip-program-portal/medicaid-and-chip-program-portal.html>. Further information on technical assistance for MACPro is provided at the end of this chapter.
- Added guidance to the Data Collection Time Frames for Measures bullet that the look-back period should not be included in the measure start and end dates:
  - For each measure, the measurement period used to calculate the denominator should be reported in the “Start Date” and “End Date” fields in MACPro. For many measures, the denominator measurement period for FFY 2016 corresponds to calendar year 2015 (January 1, 2015 – December 31, 2015). Some measures, however, also require states to review utilization or enrollment prior to this period to identify the measure-eligible population. States should not include these review

periods (sometimes referred to as “look-back” periods) in the Start and End date range. Further information regarding measurement periods is available at <https://www.medicaid.gov/medicaid-chip-program-information/by-topics/quality-of-care/downloads/fffy-2016-child-core-set-measurement-periods.pdf>.

- Added bullet on the Anchor Date with guidance for determining an individual’s eligibility for a measure:
  - Some measures include an anchor date, which is the date that an individual must be enrolled and have the required benefit to be eligible for the measure. For example, if an enrollment gap includes the anchor date, the individual is not eligible for the measure. For several measures, the anchor date is the last day of the measure’s FFY 2016 measurement period (December 31, 2015). For other measures, the anchor date is based on a specific event, such as a birthdate or a delivery date. States should use the specified anchor dates along with the continuous enrollment requirements and allowable gaps for each measure to determine the measure-eligible population.
- Added bullet on Enrollees with Partial Benefits with guidance about when to include enrollees with partial benefits in the measure denominator:
  - For each measure, states should include only the enrollees who are eligible to receive the services assessed in the numerator. If an enrollee is not eligible to receive the services assessed in the measure, the enrollee should not be included in the denominator for the measure. The technical specifications for some measures have guidance regarding which benefits an individual must be eligible for to be included, but each state should assess the specific benefit packages of the enrollees in their state.
- Updated the bullet on Reporting a Weighted Rate with guidance for how to enter measure information in MACPro:
  - When a state develops a weighted rate combining data across multiple reporting units, the state should report the rate for the combined data in the “Rate” field in MACPro. In addition, the state should check “Yes” under “Did you Combine Rates from Multiple Reporting Units (e.g., health plans, delivery systems, programs) to Create a State-Level Rate?” If the state has the numerator and denominator that were used to calculate the state-level rate, they should be entered in the Numerator and Denominator fields. If this information is not available, a state can enter “0” in the Numerator and Denominator fields, report the state-level rate in the “Rate” field, and explain the missing information in the “Additional Notes/Comments on Measure” section. If possible, the state should also provide the numerators, denominators, measure-eligible population, and rates for each health plan, delivery system, or program in this section as well as a description of the method used to calculate the state-level rate (including the approach used for weighting).
- Modified the Sampling bullet to explain that the sample size for the CAHPS survey should be 1,650.
- Updated the bullet on Data Collection Methods to include guidance on electronic health records (eMeasures):

- The eMeasure method uses EHR data to calculate the measure. This data collection method applies to three measures in the Child Core Set: (1) Behavioral Health Risk Assessment (for Pregnant Women), (2) Suicide Risk Assessment, and (3) Audiological Evaluation no Later than 3 Months of Age.
- Added bullet with information about how to calculate measures affected by the conversion from ICD-9 to ICD-10 codes:
  - In compliance with the CMS mandate to use ICD-10 codes for services provided on or after October 1, 2015, measures should be calculated using ICD-10 codes for claims with a date of service or date of discharge on or after October 1, 2015. The following Child Core Set measures are affected by this conversion: ADD, AMB, AWC, CAP, CHL, CIS, FPC, FUH, HPV, IMA, MMA, PC02, PPC, SRA, W15, W34, WCC.
  - For HEDIS measures, ICD-10 codes are included in the Value Set Directory. For non-HEDIS measures, ICD-10 codes are available at <http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Quality-of-Care/Downloads/2016-Child-ICD10-codes.zip>.
- Modified bullets on Reporting and Submission to include information about MACPro.

### **III. Technical Specifications**

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

- Added the Acute Inpatient Value Set to identify acute inpatient encounters for mental health and chemical dependency that should be excluded from the denominator.

#### **Measure CHL: Chlamydia Screening in Women**

- Updated optional exclusion criteria:
  - Exclude women who qualified for the denominator based on a pregnancy test (Pregnancy Tests Value Set) alone and who meet either of the following:
    - A pregnancy test (Pregnancy Test Exclusion Value Set) during the measurement year and a prescription for isotretinoin (Table CHL-B) on the date of the pregnancy test or within the 6 days after the pregnancy test
    - A pregnancy test (Pregnancy Test Exclusion Value Set) during the measurement year and an x-ray (Diagnostic Radiology Value Set) on the date of the pregnancy test or within the 6 days after the pregnancy test

#### **Measure CIS: Childhood Immunization Status**

- Updated Guidance for Reporting:
  - The 14-Day Rule specifies that the vaccinations (with the exception of MMR) must be given 14 days apart to avoid double counting events when either the administrative or hybrid method is used to calculate the numerator. This rule does not apply to the MMR vaccine. More information on the 14-Day Rule can be found in the HEDIS Volume 2 General Guidelines.

- Modified the numerator for the administrative method to indicate that the 14-day rule does not apply to the measles, mumps and rubella (MMR) vaccine.
- Updated the numerator for the administrative method to clarify that one of the three required Hepatitis B Vaccines can be a newborn Hepatitis B vaccination (Newborn Hepatitis B Vaccine Administered Value Set) administered during the eight-day period that begins on the date of birth and ends seven days after the date of birth.

**Measure CLABSI: Pediatric Central Line-Associated Bloodstream Infections (CMS will calculate this measure for states)**

- Modified the measure description:
  - Added pediatric wards as a location type.
  - Revised the description of the measure, including definition of a healthcare-associated infection (HAI), present on admission (POA) bloodstream infection, “Infection Window Period,” and Repeat Infection Timeframe.
- Added the “CDC Location” definition, including a link for detailed instructions on how to map locations.
- Modified the numerator specifications to exclude Mucosal Barrier Injury (MBI)-Laboratory Confirmed Bloodstream Infections (LCBIs) 1, 2, and 3.
- Clarified that non-oncology ICUs with 75 or more central line days per month in the previous year may collect data on the number of patients with one or more central lines of any type once weekly (during a weekday).
- Added a note about future updates to the CLABSI measure Standardized Infection Ratio (SIR) calculation methods:
  - The steps below are in alignment with CDC’s current CLABSI SIR methods. CDC will be updating the risk-adjustment of CLABSI data using 2015 data as the new baseline. It is anticipated that all MBI-LCBIs will be excluded from the numerator, when the updated risk-adjustment methods are implemented. In addition, CDC may change the method of calculating the predicted number of CLABSIs such that a risk model – and not risk-stratified rates – will be used.
- Revised instructions for calculating the predicted number of CLABSIs to specify that the final product must be divided by 1,000.

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

- Updated Guidance for Reporting:
  - Updated link to the current list of CAHPS vendors.

- Added Eligible Population criteria:

Age	17 years and younger as of December 31 of the measurement year.
Continuous enrollment	The last six months of the measurement year.
Allowable gap	For a Medicaid enrollee in a state where enrollment is verified monthly, the child may not have more than a one-month gap in coverage (the child must be enrolled for five of the last six months of the measurement year).  For a Medicaid enrollee in a state where enrollment is verified daily, the child may have no more than one gap in enrollment of up to 45 days during the last six months of the measurement year.
Current enrollment	Currently enrolled at the time the survey is completed.

- Modified the survey completion criteria to specify which questions must be answered appropriately for a survey to be complete and valid:
  - Survey vendors assign a disposition code of Complete and Valid Survey when responses indicate that the enrollee meets the Eligible Population criteria and three of the five questions listed in the table below are answered appropriately.

Survey Type	Questions for Complete and Valid Survey				
Children with Chronic Conditions Supplemental Items	Q3	Q30	Q45	Q49	Q54
Children without Chronic Conditions Supplemental Items	Q3	Q15	Q27	Q31	Q36

### **Measure DEV: Developmental Screening in the First Three Years of Life**

- Modified the allowable gap language to specify that there can be no more than one gap in enrollment of up to 45 days during the 12 months prior to the child’s first, second, or third birthday.
- Added an anchor date:
  - Enrolled on the child’s first, second, or third birthday.

### **Measure FPC: Frequency of Ongoing Prenatal Care**

- Added Guidance for Reporting on the use of vital records to calculate the measure:
  - States may use vital records as an alternative data source for this measure if they have confidence in the completeness and accuracy of these data. States can use Medicaid administrative data to determine the measure-eligible population (including the requirement of continuous eligibility from 43 days before delivery through 56 days after delivery) and then link the Medicaid records to vital records data to identify the information needed to calculate the numerator, including gestational age at delivery, the number of prenatal care visits and the timing of these visits in relation to the gestational age. States using vital records should document this data source in the “Additional Notes/Comments on Measure” field in MACPro.

States should also provide information about the proportion of measure-eligible enrollees who were identified in Medicaid administrative data but for whom a birth certificate could not be found in vital records data.

- Modified event/diagnosis language to “Include women who delivered in any setting.”
- Modified event/diagnosis criteria to exclude the identification of deliveries through infant claims for states that can link infant and mother records. Deleted reference to the Deliveries Infant Value Set.

#### **Measure FUH: Follow-Up After Hospitalization for Mental Illness**

- Added instructions and value sets to identify acute inpatient discharges, readmissions, and transfers.
- Added language clarifying that states must use their own methods to identify “transfers.”
- Updated acute facility readmission or direct transfer language:
  - If the discharge is followed by readmission or direct transfer to an acute inpatient care setting for a principal mental health diagnosis (Mental Health Diagnosis Value Set) within the 30-day follow-up period, count only the last discharge. Exclude both the initial discharge and the readmission/direct transfer discharge if the last discharge occurs after December 1 of the measurement year.

#### **Measure MMA: Medication Management for People with Asthma**

- Removed all long-acting inhaled beta 2 agonist medications from Table MMA-A (Arformoterol, Salmeterol and Formoterol) to reflect the current NDC list.

#### **Measure PC-02: Cesarean Section for Nulliparous Singleton Vertex**

- Updated Guidance for Reporting:
  - Medical record review or use of vital records is required to determine the denominator for this measure. The Hybrid Specification section includes a link to The Joint Commission sampling guidelines that can ease the burden of the medical record review process.
  - In compliance with the CMS mandate to use ICD-10 codes for services provided on or after October 1, 2015, the measure should be calculated using ICD-10 codes for claims with a date of discharge on or after October 1, 2015. The ICD-10 codes for this measure are available at <http://www.medicaid.gov/Medicaid-CHIP-Program-Information/By-Topics/Quality-of-Care/Downloads/2016-Child-ICD10-codes.zip>.

**Measure PDENT: Percentage of Eligibles who Received Preventive Dental Services (CMS will calculate this measure for states)**

- Added Guidance for Reporting:
  - Include all paid, unpaid, and denied claims.

**Measure PPC: Timeliness of Prenatal Care**

- Added Guidance for Reporting on the use of vital records to calculate the measure:
  - States may use vital records as an alternative data source for this measure if they have confidence in the completeness and accuracy of these data. States can use Medicaid administrative data to determine the measure-eligible population (including the requirement of continuous eligibility from 43 days before delivery through 56 days after delivery) and then link the Medicaid records to vital records data to identify the information needed to calculate the numerator, including gestational age at delivery, the number of prenatal care visits, and the timing of these visits in relation to the gestational age. States using vital records should document this data source in the “Additional Notes/Comments on Measure” field in MACPro. States should also provide information about the proportion of measure-eligible enrollees who were identified in Medicaid administrative data but for whom a birth certificate could not be found in vital records data.
- Modified event/diagnosis language to “Include women who delivered in any setting.”
- Modified event/diagnosis criteria to exclude the identification of deliveries through infant claims for states that can link infant and mother records. Deleted reference to the Deliveries Infant Value Set.
- Modified the numerator for the hybrid method to clarify which tests must be included in an obstetric panel.

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

- Updated Guidance for Reporting:
  - Clarified the differences between the Child Core Set dental sealant measure and the measure reported in the Form CMS-416 EPSDT report.
  - Noted the availability of TA resources, including a TA brief, sample SAS code, and a guide to data elements.
  - Clarified that the eligible population for the measure includes children enrolled in CHIP (both Medicaid expansion and separate CHIP programs).
  - Clarified that there are multiple approaches for measuring “elevated risk,” depending on data availability.
- Added CDT code D2941 to Table SEAL-A.
- Added NUCC code 125Q00000 to Table SEAL-B.

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

- Updated Guidance for Reporting:
  - Added a link to obtain information from the Electronic Clinical Quality Improvement Resource Center (eCQI Resource Center) at <https://ecqi.healthit.gov>.
  - Noted that for reporting on 2015 data, states should use the value sets associated with the 07-01-2014 release.
- Modified formatting of the denominator and numerator logic to reflect the correct nesting for use in an e-measure specification.
- Updated the numerator language to specify that SRA is an episode-of-care measure, and that a minimum of two encounters are required during the measurement period for a patient to be included in this measure to establish that the eligible professional has an existing relationship with the patient.

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

- Deleted the BMI value option for enrollees 16 to 17 years old from the numerator for the administrative and hybrid specifications.