

SUMMARY OF UPDATES TO THE CHILD CORE SET MEASURES
TECHNICAL SPECIFICATIONS AND RESOURCE MANUAL
MARCH 2021

Overall Changes

- Updated reporting year to FFY 2021, and data collection timeframe to 2020.
 - Updated specifications, value set codes, copyright, and table source information to HEDIS MY 2020 & MY 2021 Vol. 2 for all HEDIS measures.
 - Updated references from the CAHPS® Health Plan Survey 5.0H Child Version Including Medicaid and Children with Chronic Conditions Supplemental Items to the new CAHPS® Health Plan Survey 5.1H Child Version Including Medicaid and Children with Chronic Conditions Supplemental Items throughout manual.
 - Modified two measures and added new specifications for the modified measures:
 - Measure W30-CH: Well-Child Visits in the First 30 Months of Life. The former Well-Child Visits in the First 15 Months of Life (W15-CH) measure was revised to Well-Child Visits in the First 30 Months of Life (W30-CH). The measure now includes two rates: (1) six or more well-child visits in the first 15 months and (2) two or more well-child visits from 15 to 30 months. It is calculated using administrative data only.
 - Measure WCV-CH: Child and Adolescent Well-Care Visits. The former Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life (W34-CH) and Adolescent Well-Care Visits (AWC-CH) measures were combined into Child and Adolescent Well-Care Visits (WCV-CH). The measure now includes rates for Ages 3 to 11, 12 to 17, 18 to 21, and a total rate. It is calculated using administrative data only.
 - Added specifications for two new measures:
 - Measure LRCD-CH: Low-Risk Cesarean Delivery. This measure replaces the PC-02: Cesarean Birth measure. To reduce state burden and report a cesarean birth measure consistently across all states, CMS will calculate the LRCD-CH measure on behalf of states using National Vital Statistics System Natality data that are submitted by states and obtained through the Centers for Disease Control and Prevention Wide-ranging Online Data for Epidemiologic Research (CDC WONDER) starting in FFY 2021.
 - Measure SFM-CH: Sealant Receipt on Permanent First Molars. This measure replaces the Dental Sealants for 6–9 Year-Old Children at Elevated Caries Risk (SEAL-CH) measure, which was retired by the measure steward.
 - Retired two measures:
 - Dental Sealants for 6–9 Year-Old Children at Elevated Caries Risk (SEAL-CH).
 - PC-02: Cesarean Birth (PC02-CH).
 - Removed one appendix:
 - Appendix H: Additional Information on Data Elements for Measure PC02-CH: PC-02: Cesarean Birth.
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I. The Core Set of Children’s Health Care Quality Measures

- Inserted information about updates to the 2021 Child Core Set.

II. Data Collection and Reporting of the Child Core Set

- Clarified definitions of synchronous/asynchronous telehealth and noted how HEDIS measure specifications indicate when telehealth is included. Additionally, noted that non-HEDIS measures will specify whether telehealth is allowed and what type of telehealth is included, if applicable.

III. Technical Specifications

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

- Modified the measure description to remove reference to age as of the Index Prescription Start Date. Note: The eligible population is defined as age 6 as of March 1 of the year prior to the measurement year to age 12 as of the last calendar data of February of the measurement year.
- Clarified in step 4 of the denominator for both rates when the diagnosis must be on the discharge claim.
- Added telehealth and telephone visits to the Rate 1 numerator.
- Added e-visits and virtual check-ins to the Rate 2 numerator and modified the telehealth restrictions. Note: Only one of the two visits during days 31-300 may be an e-visit or virtual check-in.

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

- Removed intravenous infusion as a dispensing event.
- Removed the restriction that only three of the four visits with an asthma diagnosis could be an outpatient telehealth, telephone visit, e-visit, or virtual check-in when identifying the event/diagnosis.
- Clarified that the eligible population must have medical benefits during the measurement year and in the year prior to the measurement year. Note: Pharmacy benefits are required only for the measurement year.
- Clarified in step 1 when the diagnosis must be on the discharge claim.
- Updated the list of medications and route in Table AMR-A. Asthma Controller Medications.
- Updated medications in the Dupilumab Medications List.
- Clarified NDC code mapping requirements in the Notes.

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

- Added telephone visits, e-visits, and virtual check-ins to the event/diagnosis (step 4 required exclusions).

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

- Streamlined flowchart for implementing exclusion and inclusion categories.

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

- Revised the date of the eligible encounter to determine if the screening for depression on the date of a qualified encounter or 14 days prior to the date of the qualifying encounter, and if positive, a follow-up plan is documented on the date of the eligible encounter.
- Updated the list of tools included as examples of standardized depression screening tools.
- Updated CPT and HCPCS codes for identifying outpatient visits.
- Added cognitive capacity to the list of criteria for exceptions.

Measure CIS-CH: Childhood Immunization Status

- Added a requirement for Influenza vaccinations that only one of the two vaccinations can be a Live Attenuated Influenza Vaccine (LAIV) administered on the child's second birthday. Do not count an LAIV vaccination administered before the child's second birthday.

Measure CPC-CH: Consumer Assessment of Healthcare Providers and Systems (CAHPS) Health Plan Survey 5.1H – Child Version Including Medicaid and Children with Chronic Conditions Supplemental Items

- Updated measure to include the new CAHPS Health Plan Survey 5.1H – Child Version Including Medicaid and Children with Chronic Conditions Supplemental Items, which reflects phone and video encounters in addition to in-person visits.
- Added Guidance for Reporting:
 - CMS encourages states (or their managed care plans) to submit CAHPS data to the AHRQ CAHPS Database to increase the completeness of Child Medicaid CAHPS data included in the database.
- Clarified that AHRQ is the measure steward for the survey instrument and NCQA is the developer of the survey administration protocol.
- Updated link to the list of NCQA-certified CAHPS 5.1H survey vendors.

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

- Clarified in the Guidance for Reporting how to use Z codes to identify global screenings.
- Updated screening tools based on 2020 American Academy of Pediatrics (AAP) Statement.

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

- Replaced the term “mental health practitioner” with “mental health provider.”
- Deleted the Mental Health Practitioner Value Set in the Numerators section; states must develop their own methods to identify mental health providers using the definition in Appendix C.
- Removed the mental health provider requirement for follow-up visits for (1) intensive outpatient encounters, (2) partial hospitalizations, (3) community mental health visits, and (4) electroconvulsive therapy in selected settings.
- Added visits in a behavioral healthcare setting to the numerator.
- Added telephone visits to the numerator.

Measure LBW-CH: Live Births Weighing Less Than 2,500 Grams

- Updated data collection method to State Vital Records submitted to the NCHS National Vital Statistics System, Natality.
- Added Guidance for Reporting:
 - To reduce state burden and streamline reporting, CMS will calculate this measure for states using state natality data obtained through the Centers for Disease Control and Prevention Wide-ranging Online Data for Epidemiologic Research (CDC WONDER). States are not asked to report data for this measure for FFY 2021 Core Set reporting.
 - Eligibility for this measure is based on deliveries that have Medicaid as the principal source of payment for the delivery as indicated on the birth certificate. For more information on the principal source of payment field see “21. Principal source of payment” in NCHS’s Guide to Completing the Facility Worksheets for the Certificate of Live Birth and Report of Fetal Death.
- Updated the numerator and denominator to clarify how the measure is calculated using data elements found in CDC WONDER, including the principal source of payment for the delivery.
- Clarified that resident live births with an “unknown or not stated” birth weight are excluded from both the denominator and numerator.

Measure LRCD-CH: Low-Risk Cesarean Delivery

- Updated data collection method to State Vital Records submitted to the NCHS National Vital Statistics System, Natality. Note that this measure replaces PC02: Cesarean Delivery.
- Added Guidance for Reporting:
 - To reduce state burden and streamline reporting, CMS will calculate this measure for states using state natality data obtained through the Centers for Disease Control and Prevention Wide-ranging Online Data for Epidemiologic Research (CDC WONDER). States are not asked to report data for this measure for FFY 2021 Core Set reporting.
 - Eligibility for this measure is based on deliveries that have Medicaid as the principal source of payment for the delivery as indicated on the birth certificate. For more information on the principal source of payment field see “21. Principal source of payment” in NCHS’s Guide to Completing the Facility Worksheets for the Certificate of Live Birth and Report of Fetal Death.

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

- Revised the definition of the last enrollment segment.
- Clarified that visits that occur prior to the enrollment start date (during the pregnancy) meet criteria.
- Added telephone visits, e-visits, and virtual check-ins to the administrative specification and clarified in the Additional Notes that services provided via telephone, e-visit, or virtual check-in are eligible for use.
- Updated the hybrid specification to indicate that sample size reduction is allowed using only the current year’s administrative rate (MY 2020).
- Added examples of documentation of a “pregnancy diagnosis” in the Hybrid specification.

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

- Removed the exclusion of beneficiary-reported biometric values (body mass index, height, and weight). Beneficiary-reported biometric values are acceptable only if the information is collected by a primary care practitioner or specialist, if the specialist is providing a primary care service related to the condition being assessed, while taking a patient's history.
- Clarified in the Additional Notes that services rendered during a telephone visit, e-visit, or virtual check-in meet criteria for the Counseling for Nutrition and Counseling for Physical Activity indicators.

Appendix A: Child Core Set HEDIS® Value Set Directory User Manual

- In the section on “What’s New in the Value Set Directory,” noted that the Child Value Sets to Codes spreadsheet is unlocked for use in Core Set reporting.
- In the section on “Child Value Sets to Codes,” removed Provider Taxonomy and Rx Norm from Element Description list.

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

- Added notes on minimum sample size and use of socioeconomic status (SES) categories to Table B.1. Sample Sizes for Hybrid Measures When Data are Available from the Current Year's Administrative Rate or Prior Year's Reported Rate.

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

- Replaced the term “mental health practitioner” with “mental health provider,” and added definitions for a physician assistant, an authorized community mental health center, and a certified community behavioral health clinic.
- Clarified that certified nurse midwives fall count as a nonphysician under the definition of Primary Care Practitioner (PCP).
- Clarified that only *certified* federally qualified health centers are considered primary care practitioners.

Appendix E: CAHPS® Health Plan Survey 5.1H Child Questionnaire (With CCC Supplemental Items)

- Updated appendix in accordance with the new CAHPS® Health Plan Survey 5.1H Child Questionnaire (With CCC Supplemental Items) that reflects increased use of telehealth.

Appendix F: CAHPS® Health Plan Survey 5.1H Child Questionnaire (Without CCC Supplemental Items)

- Updated appendix in accordance with the new CAHPS® Health Plan Survey 5.1H Child Questionnaire (Without CCC Supplemental Items) that reflects increased use of telehealth.

Appendix G: Guidance for Conducting the Child Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Health Plan Survey 5.1H

- Added telehealth, telephone visits, e-visits, and virtual check-ins to the methodology for identifying the prescreen status code in the instructions for identifying the supplemental sample of children with chronic conditions.
- Updated link to the list of NCQA-certified CAHPS 5.1H survey vendors.