SUMMARY OF UPDATES TO THE ADULT CORE SET MEASURES FFY 2024 TECHNICAL SPECIFICATIONS AND RESOURCE MANUAL JANUARY 2024

Overall Changes

- Updated the reporting year to FFY 2024, and data collection timeframe to 2023.
- Updated specifications, value set codes, copyright, and table source information to HEDIS Measurement Year (MY) 2023 Vol. 2 for all HEDIS measures.
- Updated specifications, value set codes, and copyright information to correspond to calendar year 2023 for non-HEDIS measures.
- Updated references to exclusions throughout specifications. For HEDIS measures, exclusions are now distinguished by whether supplemental and medical record data may be used to identify them; supplemental and medical record data may be used for "required exclusions" but not "exclusions."
- Updated the exclusion for frailty and advanced illness from an Optional Exclusion to an Exclusion (i.e., exclusions for which supplemental and medical record data may not be used).
- Updated guidance related to mandatory reporting of the behavioral health measures in the Adult Core Set beginning in FFY 2024.
- Retired one measure:
  - Measure FVA-AD: Flu Vaccinations for Adults Ages 18 to 64.

I. The Core Set of Adult Health Care Quality Measures

- Inserted information about updates to the 2024 Adult Core Set.
- Updated Table 1 to replace National Quality Forum (NQF) numbers with CMS Measures Inventory Tool (CMIT) numbers.
  - CMIT is the repository of record for information about the measures that CMS uses to promote health care quality and quality improvement. More information is available at https://cmit.cms.gov/cmit/. A public access quick start guide for CMIT is available at https://cmit.cms.gov/cmit/assets/CMIT-QuickStartPublicAccess.pdf.

II. Data Collection and Reporting of the Adult Core Set

- Clarified that reporting the behavioral health measures in the Adult Core Set is mandatory beginning with FFY 2024 reporting and states are required to adhere to technical specifications and reporting guidance issued by CMS.
- Clarified that all measure-eligible beneficiaries must be included in state reporting:
  - In the Core Set final rule, CMS specified that mandatory reporting requirements for the Adult Core Set require states to ensure that all measure-eligible Medicaid beneficiaries are included in state reporting.[1] This includes beneficiaries who moved in or out of a

[1] Reporting the Adult Core Set measures is voluntary but encouraged for CHIP programs.

program (Medicaid or CHIP), who were enrolled in more than one managed care plan, or who changed delivery systems (fee-for-service, managed care, primary care case management) during the measurement period. States must ensure that each eligible beneficiary is included in the measure calculation and there is no duplication or double-counting. For each measure, states should assess enrollment and claims data (or other data sources) to determine measure eligibility for the denominator, and calculate numerator compliance. CMS will provide additional technical assistance to states on ensuring that all measure-eligible beneficiaries are included in state reporting. States can also contact the TA mailbox at MACQualityTA@cms.hhs.gov.

- Clarified reporting guidance for reporting separate rates for Medicaid and CHIP populations:
  - Reporting of the Adult Core Set measures is voluntary but encouraged for CHIP programs. For each Adult Core Set measure reported to CMS that includes the CHIP population, states should calculate and report separate rates for the Medicaid population (inclusive of CHIP-funded Medicaid expansion) and the separate CHIP population (for states with a separate CHIP). States must ensure that each measure-eligible Medicaid and CHIP beneficiary is included in the measure calculation, and attributed to the appropriate program based on the measure eligibility criteria, and that there is no duplication or double-counting. These rates will be reported separately in the reporting system and used to create a combined state-level rate. Any populations excluded from the denominator should be noted in the "Definition of Population Included in Measure" section of the online reporting system. CMS will provide additional technical assistance to states on applying attribution guidance for calculation of separate rates for Medicaid and CHIP populations. States can also contact the TA mailbox at MACQualityTA@cms.hhs.gov.
- Clarified that a visit results in a stay when the visit date of service occurs on the day prior to the admission date or any time during the admission (admission date through discharge date). This guidance applies to the following HEDIS measures in the Adult Core Set: AAB-AD, AMM-AD, AMR-AD, BCS-AD, CBP-AD, COL-AD, FUA-AD, FUH-AD, FUM-AD, HBD-AD, HPCMI-AD, IET-AD, PCR-AD, SAA-AD, and SSD-AD.
- Clarified that beneficiaries who died any time during the measurement year are a required exclusion. This guidance applies to the following HEDIS measures in the Adult Core Set: AAB-AD, AMM-AD, AMR-AD, BCS-AD, CBP-AD, CCS-AD, CHL-AD, COL-AD, CPA-AD, FUA-AD, FUH-AD, FUM-AD, HBD-AD, HPCMI-AD, IET-AD, MSC-AD, PPC2-AD, SAA-AD, and SSD-AD.
- Clarified that for FFY 2024 reporting, states will submit Consumer Assessment of Healthcare Providers and Systems (CAHPS) data to the Agency for Healthcare Research and Quality (AHRQ) CAHPS Health Plan Survey Database during the 2024 Database submission period in June 2024 for all measures that use the CAHPS survey. Data that are submitted after the submission deadline will not be included in Core Set public reporting for FFY 2024.

III. Technical Specifications

Measure AAB-AD: Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis: Age 18 and Older

- Updated Step 1 of "Event/diagnosis" and the corresponding value sets to clarify that states should identify all beneficiaries who had an outpatient visit, ED visit, observation visit, telephone visit, e-visit, or virtual check-in during the intake period, with a diagnosis of acute bronchitis/bronchiolitis.
- Updated Step 3 of "Event/diagnosis" and the corresponding value sets to clarify that states should remove episode dates where the beneficiary had a claim/encounter with any diagnosis for a comorbid condition during the 12 months prior to or on the episode date.

Measure AMM-AD: Antidepressant Medication Management

- Revised age criteria to require 18 years and older as of the Index Prescription Start Date (IPSD).

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

- Clarified the required exclusions for the measure.
- Removed *Dyphylline Guaifenesin Medications List* from the Asthma Controller Medications table.

Measure BCS-AD: Breast Cancer Screening

- Updated the required exclusions. Beneficiaries who had a bilateral mastectomy or both right and left unilateral mastectomies are now part of the required exclusions rather than optional exclusions.
- Updated the number of occurrences required for the frailty cross-cutting exclusion; two indications with different dates of service are required.
- Added a direct reference code for the required exclusion for palliative care.

Measure CBP-AD: Controlling High Blood Pressure

- Replaced the reference to "female beneficiaries" with "beneficiaries" in the required exclusions.
- Revised Step 2 of the "Event/Diagnosis" to remove beneficiaries who had a nonacute inpatient admission during the measurement year.
- Revised the optional exclusions to be required exclusions. This includes the exclusions for end-stage renal disease, dialysis, or kidney transplant; and diagnosis of pregnancy.
- Updated the number of occurrences required for the frailty cross-cutting exclusion; two indications with different dates of service are required.
- Added a direct reference code for the required exclusion for palliative care.

Measure CCP-AD: Contraceptive Care – Postpartum Women Ages 21 to 44

- Updated the value set directory including:
  - Codes used to identify provision of a most or moderately effective contraceptive method.
  - Codes used to identify use of a long-acting reversible contraception method.

Measure CCS-AD: Cervical Cancer Screening

- Revised the optional exclusions for hysterectomy with no residual cervix, cervical agenesis or acquired absence of cervix to be required exclusions.
- Added a direct reference code for the required exclusion for palliative care.

Measure CCW-AD: Contraceptive Care – All Women Ages 21 to 44

- Updated the value set directory including:
  - Codes indicating sterilization for non-contraceptive reasons.
  - Codes indicating a pregnancy.
  - Codes used to identify provision of a most or moderately effective contraceptive method.
  - Codes used to identify use of a long-acting reversible contraception method.

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

- Moved code tables (Table CDF-A through Table CDF-F) to a value set directory, which is linked in the technical specifications; updated codes in tables.
- Updated terminology to refer to "qualifying" encounters rather than "eligible" encounters.
- Added additional guidance for beneficiaries with multiple qualifying encounters.
- Updated the Follow-up Plan language with examples of follow-up provider type.

Measure CHL-AD: Chlamydia Screening in Women Ages 21 to 24

- Revised the optional exclusion for pregnancy test to be in Step 2 of the "Event/diagnosis" criteria.
- Removed *Mestranol-norethindrone* from the Contraceptive Medications list.

Measure COB-AD: Concurrent Use of Opioids and Benzodiazepines

- Clarified in the Guidance for Reporting how to identify beneficiaries in palliative care for the exclusions.
- Updated the definition of Concurrent Use to refer to the use of opioid and benzodiazepine for 30 or more cumulative days during the measurement year.

Measure COL-AD: Colorectal Cancer Screening

- Updated the age stratifications for Core Set reporting to include: ages 46 to 50, 51 to 65, and 66 to 75.
- Revised the optional exclusions for colorectal cancer and total colectomy to be required exclusions.
- Updated the number of occurrences required for the frailty cross-cutting exclusion; two indications with different dates of service are required.
- Added a direct reference code for the required exclusion for palliative care.

Measure CPA-AD: Consumer Assessment of Healthcare Providers and Systems (CAHPS) Health Plan Survey 5.1H, Adult Version (Medicaid)

- Updated data submission instructions referring to the Agency for Healthcare Research and Quality (AHRQ) CAHPS Health Plan Survey Database.
- Added Guidance for Reporting:
  - To reduce state burden and streamline reporting, CMS will calculate state-level performance results for this measure using data submitted to the AHRQ CAHPS Health Plan Survey Database. States are not asked to report data for this measure for FFY 2024 in the online Core Set reporting system.

Measure CPU-AD: Long-Term Services and Supports Comprehensive Care Plan and Update

- Clarified that states should report the number of exclusions by type: "Could Not Be Reached for Care Planning" and "Refusal to Participate in Care Planning."
- Added a Note to clarify that beneficiaries without a care plan, or with a partial care plan, are not excluded from the measure.
- Clarified in the denominator specification that the minimum required sample size is 96.

Measure FUA-AD: Follow-Up After Emergency Department Visit for Substance Use: Age 18 and Older

- Added eligible population instructions for ED visits followed by residential treatment.
- In the Benefit section, clarified that beneficiaries with withdrawal management, as well as detoxification-only chemical dependency benefits, do not meet the criteria.

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

- In the "Event/diagnosis" section, replaced the reference to Mental Illness Value Set, Intentional Self-Harm Value Set with Mental Illness and Intentional Self-Harm Value Set.

Measure HBD-AD: Hemoglobin A1c Control for Patients with Diabetes

- Clarified that this measure cannot be calculated using EHR data because only one rate has an electronic specification.
- Updated the number of occurrences required for the frailty cross-cutting exclusion; two indications with different dates of service are required.
- Added a direct reference code for the required exclusion for palliative care.
- Replaced *Semaglutide* with *Semaglutide (excluding Wegovy)* in the "Glucagon-like peptide-1 (GLP1) agonists" row of the Diabetes Medications List.

Measure HPCMI-AD: Diabetes Care for People with Serious Mental Illness: Hemoglobin A1c (HbA1c) Poor Control (> 9.0%)

- Updated the number of occurrences required for the frailty cross-cutting exclusion; two indications with different dates of service are required.
- Added a direct reference code for the required exclusion for palliative care.
- Replaced *Semaglutide* with *Semaglutide (excluding Wegovy)* in the "Glucagon-like peptide-1 (GLP1) agonists" row of the Diabetes Medications List.

Measure HVL-AD: HIV Viral Load Suppression

- Moved code tables (Table HVL-A through Table HVL-K) to a value set directory, which is linked in the technical specifications.
- Tables 'HVL-E. Codes to Identify Office Visits' and 'HVL-F. Codes to Identify Outpatient Consultation' were combined into Table HVL-E. Codes to Identify Office Visits.
  - Removed two codes from the previous 'Table HVL-F. Codes to Identify Outpatient Consultation.'

Measure IET-AD: Initiation and Engagement of Substance Use Disorder Treatment

- Added guidance for reporting clarifying that the SUD diagnosis in the Negative SUD Diagnosis History does not need to match the diagnosis on the claim for the given SUD episode.
- Replaced "detoxification" references with "withdrawal management."
- Added a new step and Note in the "Event/diagnosis" section with guidance on deduplicating eligible episodes.

Measure MSC-AD: Medical Assistance with Smoking and Tobacco Use Cessation

- Updated data submission instructions referring to the AHRQ CAHPS Health Plan Survey Database.
- Added Guidance for Reporting:
  - To reduce state burden and streamline reporting, CMS will calculate state-level performance results for this measure using data submitted to the AHRQ CAHPS Health Plan Survey Database. States are not asked to report data for this measure for FFY 2024 in the online Core Set reporting system.
- Updated survey question numbers to reflect edits made to the CAHPS® Health Plan Survey 5.1H Adult Questionnaire (Medicaid).

Measure NCIIDD-AD: National Core Indicators Survey

- Changed the measure acronym to NCIIDD-AD.

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

- Clarified in the Guidance for Reporting how to identify beneficiaries in palliative care for the exclusions.

Measure OUD-AD: Use of Pharmacotherapy for Opioid Use Disorder

- Updated codes in the value set directory for FDA-approved medications for opioid use disorder.

Measure PCR-AD: Plan All-Cause Readmissions

- Replaced reference to "female beneficiaries" with "beneficiaries" in the pregnancy exclusion.
- Clarified definition of Count of Beneficiaries in the Medicaid population.
- Clarified truncating and rounding rules in steps 6 and 8 of the Risk Adjustment Weighting section.

- Added step 8 for calculating the variance for each index hospital stay. Calculating variance can help facilitate interpretation of results; however, it is not reported by states for Adult Core Set reporting.

Measure PPC2-AD: Prenatal and Postpartum Care: Age 21 and Older

- Added Guidance for Reporting:
  - For the purpose of Adult Core Set reporting, both the prenatal and postpartum care rates are reported for beneficiaries age 21 and older as of the delivery date. The Child Core Set measure is reported for beneficiaries under age 21 as of the delivery date.
  - States that use the hybrid methodology will need to draw separate samples by age, in order to submit results for the Adult Core Set (age 21 and over) and Child Core Set (under age 21).
- Revised measure specifications to include both Timeliness of Prenatal Care and Postpartum Care rates for Adult Core Set reporting.
- Added guidance for reporting that vital records can be used as an alternative data source for the timeliness of prenatal care rate in this measure.
- Added definition of first trimester.
- Added age in "eligible population" section to clarify that the Adult Core Set measure applies to beneficiaries age 21 and older as of the date of delivery.
- Replaced all references to "women" with "beneficiary" throughout the measure specification.
- Clarified continuous enrollment requirements for Step 2 of the Timeliness of Prenatal Care numerator.

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

- Updated codes in the value set directory for Table 1. PQI01-A. ICD-10-CM Diagnosis Codes for Short-term Complications of Diabetes.
- Added "hospice facility" to the list of transfers from health care facilities that are excluded.

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

- Added "hospice facility" to the list of transfers from health care facilities that are excluded.

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

- Updated codes in the value set directory for Table 6. PQI08-C. ICD-10-PCS Procedure Codes for Cardiac Procedures.
- Added "hospice facility" to the list of transfers from health care facilities that are excluded.

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

- Added "hospice facility" to the list of transfers from health care facilities that are excluded.

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

- Clarified the required exclusions for the measure.
- Updated the number of occurrences required for the frailty cross-cutting exclusion; two indications with different dates of service are required.

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

- Clarified the required exclusions for the measure.
- Replaced *Semaglutide* with *Semaglutide (excluding Wegovy)* in the "Glucagon-like peptide-1 (GLP1) agonists" row of the Diabetes Medications List.

Appendix A: Adult Core Set HEDIS Value Set Directory User Manual

- Added Direct Reference Codes as a type of code included in the value set directory.

Appendix C: CAHPS® Health Plan Survey 5.1H Adult Questionnaire (Medicaid)

- Removed question on the influenza vaccination.