

**SUMMARY OF UPDATES TO THE CHILD 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 guidance related to mandatory reporting of the Child Core Set beginning in FFY 2024.

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

- Inserted information about updates to the 2024 Child 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 Child Core Set**

- Clarified that Child Core Set reporting 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 Child Core Set require states to ensure that all measure-eligible Medicaid and CHIP beneficiaries are included in state reporting. This includes beneficiaries who moved in or out of a 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](mailto:MACQualityTA@cms.hhs.gov).

- Clarified reporting guidance for reporting separate rates for Medicaid and CHIP populations:
  - For each Child Core Set measure reported to CMS, 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](mailto: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 Child Core Set: AAB-CH, ADD-CH, AMB-CH, AMR-CH, CPC-CH, FUA-CH, FUH-CH, and FUM-CH.
- 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 Child Core Set: AAB-CH, ADD-CH, AMR-CH, APM-CH, APP-CH, CHL-CH, CIS-CH, CPC-CH, FUA-CH, FUH-CH, FUM-CH, IMA-CH, LSC-CH, PPC2-CH, SFM-CH, W30-CH, WCC-CH, and WCV-CH.
- 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-CH: Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis: Ages 3 Months to 17 Years**

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

- Added instructions for calculating covered days.
- Added instructions for identifying same or different drugs.
- Replaced “discharge date” with “admission date” in Step 4 of the “Event/diagnosis” in both Rate 1 and Rate 2.
- Modified medication lists to make them compatible with digital measure formatting.
- Removed the bullet in the notes with guidance for beneficiaries with multiple overlapping prescriptions. This guidance is now included in the ‘covered days’ definition.

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

- Clarified in Guidance for Reporting that for the purpose of Core Set reporting, states should report this measure as a rate per 1,000 beneficiary months.
- Clarified guidance in the Numerator for visits that result in an inpatient stay.

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

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

### **Measure APM-CH: Metabolic Monitoring for Children and Adolescents on Antipsychotics**

- In the “Event/diagnosis” section, replaced the reference to Antipsychotic Medications List, Antipsychotic Combination Medications List, Prochlorperazine Medications List with APM Antipsychotic Medications List.

### **Measure CCP-CH: Contraceptive Care – Postpartum Women Ages 15 to 20**

- 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 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 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.
  - CHIP requirements for CAHPS: The Core Set mandatory reporting final rule updated the requirements for CHIP reporting by amending 42 CFR 457 to align reporting requirements with those required for the Medicaid and CHIP Child Core Set. Therefore, CHIP programs are required to report on the version 5.1H – Child Version of the CAHPS

measure included in the Medicaid and CHIP Child Core Set. The new requirements instruct states to sample Title XXI-funded Medicaid expansion CHIPs with Title XIX-funded Medicaid, and separate CHIPs are required to be sampled separately. Additionally, states are required to report CAHPS survey results for CHIP in the AHRQ CAHPS Health Plan Survey Database. Summary CAHPS survey results for CHIP will no longer be collected in the CHIP annual report beginning in FY 2024, except for verification.

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

- 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-CH: 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-CH: Chlamydia Screening in Women Ages 16 to 20**

- 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 CIS-CH: Childhood Immunization Status**

- Added anaphylaxis as numerator compliant for the following vaccines: IPV, MMR, VZV, pneumococcal conjugate, hepatitis A, and influenza. Anaphylaxis was previously included for DTaP, HiB, and rotavirus.
- Removed seropositive test results from the numerator criteria in the hybrid specification.

#### **Measure FUA-CH: Follow-Up After Emergency Department Visit for Substance Use: Ages 13 to 17**

- 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-CH: Follow-Up After Emergency Department Visit for Mental Illness: Ages 6 to 17**

- 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 IMA-CH: Immunizations for Adolescents**

- Updated the hybrid specification numerator criteria for meningococcal, HPV, and Tdap.

### **Measure LSC-CH: Lead Screening in Children**

- Revised the hybrid denominator to indicate that states can reduce the sample based on the prior year's rate (in addition to the current year's administrative rate).

### **Measure OEV-CH: Oral Evaluation, Dental Services**

- Added Guidance for Reporting to clarify which rates are subject to mandatory reporting:
  - For FFY 2024 Child Core Set reporting, the following rate is required: Total ages <1 to 20.
- Clarified in the numerator that the oral evaluation must be “comprehensive or periodic.”
- Clarified data quality considerations.

### **Measure PPC2-CH: Prenatal and Postpartum Care: Under Age 21**

- Added Guidance for Reporting:
  - For the purpose of Child Core Set reporting, both the prenatal and postpartum care rates are reported for beneficiaries under age 21 as of the delivery date. The Adult Core Set measure is reported for beneficiaries age 21 and older 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 Child Core Set (under age 21) and Adult Core Set (age 21 and over).
- Revised measure specifications to include both Timeliness of Prenatal Care and Postpartum Care rates for Child Core Set reporting.
- Added age in “eligible population” section to clarify that the Child Core Set measure applies to beneficiaries under age 21 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 SFM-CH: Sealant Receipt on Permanent First Molars**

- Updated the “Exclusions” section to clarify that a beneficiary is excluded if they have a restorative code that includes occlusal tooth surface alone OR in combination with any other surface codes.

### **Measure TFL:CH: Prevention: Topical Fluoride for Children**

- Added Guidance for Reporting to clarify which rates are subject to mandatory reporting:
  - For FFY 2024 Child Core Set reporting, the following three rates are required: (1) Dental or oral health services: Total ages 1 through 20; (2) Dental services: Total ages 1 through 20; and (3) Oral health services: Total ages 1 through 20.
- Clarified data quality considerations.

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

- Revised the optional exclusion for pregnant beneficiaries to be a required exclusion.
- Replaced the reference to “female beneficiaries” with “beneficiaries” in the required exclusions.