



TO: Interested Parties
FROM: Cindy Ottone, Director, Policy
DATE: April 2016
RE: HEDIS^{®1} 2016 Measure Trending Determinations

This memo communicates trending determinations for measures in the HEDIS 2016 Volume 2 Technical Specifications that will be reported publicly. These determinations should be considered during the audit review process, particularly for validating and benchmarking performance. Keep in mind that NCQA does not publicly report first-year measures or measures determined to have first-year status.

Trending determinations are predictions based on specification changes and are meant as information only. NCQA does not predict the extent, if any, to which rates will increase or decrease from the prior year. Final trending determinations will be released in Quality Compass.

HEDIS Compliance Auditors will continue to benchmark all measures, regardless of trending determinations, to assess whether rate changes align with NCQA's predictions or are organization specific. It is not acceptable to rely solely on this memo as an explanation for rate and performance changes.

Trending Determinations by Measure

The following measures had revisions for HEDIS 2016 that may affect trending. For these measures we recommend:

1. Allow trending with caution (specification changes may cause fluctuation in results compared with the prior year), *or*
2. Do not allow trending by breaking the link to the prior year's measure results.

Please submit questions about this memo to NCQA Policy Clarification Support (PCS) at <http://my.ncqa.org>.

¹HEDIS[®] is a registered trademark of the National Committee for Quality Assurance.

Measure	Specification Change and Anticipated Trending Determination
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents— <i>Counseling for Physical Activity</i>	Revised the physical activity requirement to indicate that notation of anticipatory guidance related solely to safety (e.g., wears helmet or water safety), without specific mention of physical activity recommendations, does not meet criteria. Trending between 2016 and prior years should be considered with caution.
Medication Management for People With Asthma— <i>Total Rate of commercial product line only</i>	Expanded the age range to up to 85 years for the commercial product line. Trending between 2016 and prior years should be considered with caution for the commercial population.
Asthma Medication Ratio— <i>Total Rate of commercial product line only</i>	Expanded the age range to up to 85 years for the commercial product line. Trending between 2016 and prior years should be considered with caution for the commercial population.
Comprehensive Diabetes Care	ICD-10 codes were added to the CDC measure to identify a diagnosis of diabetes beginning with HEDIS 2016. During the conversion to ICD-10, it was noted that the classification of diabetes changed significantly between ICD-9 and ICD-10. Trending between 2016 and prior years should be considered with caution.
Osteoporosis Management in Women Who Had a Fracture	Added “long-acting osteoporosis therapy administered during an inpatient IESD” to the numerator. Trending between 2016 and prior years should be considered with caution.
Adherence to Antipsychotic Medications for Individuals With Schizophrenia	Revised the Index Prescription Start Date (IPSD) time frame to add 3 months (October–December) when identifying the IPSD. This may result in an increase in the numerator, given that the time frame was extended when identifying the IPSD. Revised the exclusion criteria for members who did not have at least 2 antipsychotic medication dispensing events. This aligns with changes made to the IPSD time frame and affects the required exclusions used when identifying the measure denominator. More members may be excluded from the measure because of the extended time frame. Trending between 2016 and prior years should be considered with caution.
Non-Recommended Cervical Cancer Screening in Adolescent Females	Added a requirement not to include denied claims in the numerator. Trending between 2016 and prior years should be considered with caution.
Use of Imaging Studies for Low Back Pain	ICD-10 codes were added to the LBP measure to identify a diagnosis of low back pain, recent trauma and intravenous drug abuse. During the conversion to ICD-10, it was noted that the classification of these diagnoses changed significantly between ICD-9 and ICD-10. Trending between 2016 and prior years should be considered with caution.
Frequency of Selected Procedures	ICD-10 codes were added to all procedures of the FSP measure. The classification of procedures changed significantly between ICD-9 and ICD-10. Trending between 2016 and prior years should be considered with caution.
Plan All-Cause Readmissions	Revised the weight methodology and the rates based on the CMS Hierarchical Condition Categories (HCC) ranking method. Trending between 2016 and prior years should be considered with caution.

Note: This table is for information only; final determinations will be released in *Quality Compass*.