



October 2, 2017

Dear Colleague:

NCQA is pleased to present the 2018 HEDIS<sup>®1</sup> for the *Quality Rating System: Technical Update*. With this release, NCQA freezes the technical specifications for *HEDIS for the Quality Rating System*, with the exception of measures that require pharmacy data and the Risk Adjusted Utilization measures.

Measures that require pharmacy data and the Risk Adjusted Utilization measures will be final when the Medication List Directory of National Drug Codes (NDC) and the risk-adjustment tables are posted on November 1, 2017.

This memo contains the following information:

- Random Number (RAND) table for 2018 *HEDIS for the Quality Rating System*.
- Corrections, policy changes and clarifications to 2018 *HEDIS for the Quality Rating System*.
- An announcement for the following measure specification:
  - *Annual Monitoring for Patients on Persistent Medications (MPM)*.

NCQA has been engaged in efforts to streamline how we evaluate HEDIS measures, starting with a pilot project to test rapid retirement. Based on this review, the digoxin rate was removed from the MPM measure. See the specification updates for the MPM measure below.

*This memo does not contain changes to medications.* Refer to the *Medication List Directory Technical Update* posted with the Medication List Directory (NDC codes) in November for all medication changes.

*This memo does not contain coding changes.* Organizations must go to the NCQA Download Center (<https://downloads.ncqa.org/customer/Login.aspx>) and download the October 2 version of the Value Set Directory (VSD), which contains all coding changes. Refer to the Summary of Changes spreadsheets in the VSD to identify codes and value sets that were added, deleted or revised.

Review all items in the table and attachment, and incorporate them into your implementation processes. HEDIS Compliance Auditors will consider these documents to be part of the specifications. If you have questions about information included in the *HEDIS for the Quality Rating System Technical Update* or about other measure specifications, contact us through our Policy Clarification Support (PCS) system at <http://my.ncqa.org>. We wish everyone a successful HEDIS data collection season!

Sincerely,

Cindy Ottone, MHA  
Director, Policy

Enclosure

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<sup>1</sup>HEDIS<sup>®</sup> is a registered trademark of the National Committee for Quality Assurance (NCQA).



**RAND Table for Measures Using the Hybrid Method**

Measure	RAND
Adult BMI Assessment	.69
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents	.58
Childhood Immunization Status	.77*
Immunizations for Adolescents	.96
Cervical Cancer Screening	.27
Colorectal Cancer Screening	.73
Care for Older Adults	.90
Controlling High Blood Pressure	.63
Comprehensive Diabetes Care	.03
Prenatal and Postpartum Care	.78

\* The RANDs for these measures are the same. Organizations may choose to use the same sample for the two measures. If organizations chose to use different samples for these measures a different Minimum Required Sample Size (MRSS) is used in the sampling protocol.

## Specification Updates

This document contains corrections, policy changes and clarifications to 2018 *HEDIS for the Quality Rating System*. NCQA has identified the appropriate page number, measure/guideline and head/subtitle for each item.

Page	Measure/Guideline	Head/Subtitle	Update
31	General Guideline 22	Supplemental Data—Required Data Elements, Nonstandard supplemental data	Add the following text as a new bullet after the third bullet: <b>Records from services rendered or information collected during home visits.</b> Data collected or reported by practitioners who render the clinical service during home visits must have evidence of accountability by the practitioner (i.e., date, name, signature and TIN/NPI on each in-home form).
37	General Guideline 35	Principal vs. Secondary Diagnosis	Replace the second bullet with the following text: <ul style="list-style-type: none"> <li>On a CMS1500 claim form, the primary diagnosis is listed in Item Number 21, line A, and secondary diagnoses are listed in Item Number 21, lines B-I.</li> </ul>
37	General Guideline 36	CPT <sup>2</sup> Code Modifiers	Replace the first sentence in the second paragraph with the following text: Exclude any CPT Category II code in conjunction with a 1P, 2P, 3P or 8P modifier code ( <u>CPT CAT II Modifier Value Set</u> ) from HEDIS reporting.
44	Guidelines for Calculations and Sampling	Table 1: Sample Size Information for Hybrid Measures	In the “Immunizations for Adolescents” row, replace “Y” with “Y7” in the “Prior Year’s Rate May Be Used to Reduce MY 2017 Sample Size <sup>1</sup> ” column.
46	Systematic Sampling Methodology	Oversampling methodology	Replace the calculation example under the third paragraph with the following text: 411 x 0.10 = 41.1 (rounded up to 42 = oversample).
71	Annual Monitoring for Patients on Persistent Medications	Description	Replace the last sentence of the first paragraph with the following text: For each product line, report each of the two rates separately and as a total rate.
71	Annual Monitoring for Patients on Persistent Medications	Description	Delete the second bullet, which reads: <ul style="list-style-type: none"> <li>Annual monitoring for members on digoxin.</li> </ul>
71	Annual Monitoring for Patients on Persistent Medications	Description	Replace the last bullet with the following text: <ul style="list-style-type: none"> <li>Total rate (the sum of the two numerators divided by the sum of the two denominators).</li> </ul>
72	Annual Monitoring for Patients on Persistent Medications	Administrative Specification	Replace all references to “three” with “two.”

<sup>2</sup>The American Medical Association holds a copyright to the CPT<sup>®</sup> codes contained in the measures specifications.

Page	Measure/Guideline	Head/Subtitle	Update
72-73	Annual Monitoring for Patients on Persistent Medications	Rate 2: Annual Monitoring for Members on Digoxin	Delete Rate 2 from the measure entirely. Rate 2 is retired; report only Rates 1 and 3 in HEDIS 2018.
74	Annual Monitoring for Patients on Persistent Medications	Table MPM-4: Data Elements for Annual Monitoring for Patients on Persistent Medications	Replace all references to "For each of the 3 rates and total" with "For each of the 2 rates and total."
85	Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis	Eligible Population—Event/diagnosis, Step 3	Add the following bullet: <ul style="list-style-type: none"> <li>• Other Malignant Neoplasm of Skin Value Set.</li> </ul>
109	Comprehensive Diabetes Care	Administrative Specification—Numerators, Eye exam	Replace the second bullet with the following text: <ul style="list-style-type: none"> <li>• Two unilateral eye enucleations (Unilateral Eye Enucleation Value Set) with service dates 14 days or more apart. For example, if the service date for the first unilateral eye enucleation was February 1 of the measurement year, the service date for the second unilateral eye enucleation must be on or after February 15.</li> </ul>
118	Controlling High Blood Pressure	Hybrid Specification—Denominator	Replace the last bullet under the second paragraph with the following text: <ul style="list-style-type: none"> <li>• A diagnosis code for essential hypertension (from the <u>Essential Hypertension Value Set</u>) documented in the medical record.</li> </ul>
127	Follow-Up After Hospitalization for Mental Illness	Administrative Specification—Numerators, 7-Day Follow-Up	Delete the last bullet. Replace with the following text: <ul style="list-style-type: none"> <li>• Transitional care management services (<u>Transitional Care Management Services Value Set</u>), with or without a telehealth modifier (<u>Telehealth Modifier Value Set</u>).</li> </ul>
130	Follow-Up Care for Children Prescribed ADHD Medication	Administration Specification: Rate 1—Initiation Phase—Numerator	Add another note to the numerator: <p><b>Note:</b> Do not count visits billed with a telehealth modifier (<u>Telehealth Modifier Value Set</u>) or billed with a telehealth POS code (<u>Telehealth POS Value Set</u>).</p>
131	Follow-Up Care for Children Prescribed ADHD Medication	Administration Specification: Rate 2—C&M Phase—Numerator	Replace the paragraph after the first two bullets with the following text: <p>Only one of the two visits (during days 31-300) may be a telephone visit (<u>Telephone Visits Value Set</u>) or a telehealth visit. Identify follow-up visits using the code combinations below. Then, identify telehealth visits by the presence of a telehealth modifier (<u>Telehealth Modifier Value Set</u>) or the presence of a telehealth POS code (<u>Telehealth POS Value Set</u>) on the claim.</p>
131	Follow-Up Care for Children Prescribed ADHD Medication	Administration Specification: Rate 2—C&M Phase—Numerator	Add the following as the fifth and sixth bullets in the last paragraph: <ul style="list-style-type: none"> <li>• <u>ADD Visits Group 1 Value Set</u> <b>with</b> <u>Telehealth POS Value Set</u></li> <li>• <u>ADD Visits Group 2 Value Set</u> <b>with</b> <u>Telehealth POS Value Set</u></li> </ul>
134	Immunizations for Adolescents	Administrative Specification—Numerators, Combination 1	Delete Combination 1. HEDIS for QRS requires collection of only Combination 2 and related antigens.

Page	Measure/Guideline	Head/Subtitle	Update
137	Initiation and Engagement of AOD Abuse or Dependence Treatment	Definitions—Intake Period	Replace the text in this definition with the following text: January 1–November 14 of the measurement year. The Intake Period is used to capture new episodes of AOD abuse and dependence.
137	Initiation and Engagement of AOD Abuse or Dependence Treatment	Definitions—IESD	Replace the first sentence of the first paragraph with the following text: For an ED visit that results in an inpatient stay, the IESD is the date of the inpatient discharge (an AOD diagnosis is not required for the inpatient stay; use the diagnosis from the ED visit to determine the diagnosis cohort).
138	Initiation and Engagement of AOD Abuse or Dependence Treatment	Definitions—IESD	Replace the second paragraph with the following text: <i>For direct transfers</i> , the IESD is the discharge date from the last admission (an AOD diagnosis is not required for the transfer; use the diagnosis from the initial admission to determine the diagnosis cohort).
140	Initiation and Engagement of AOD Abuse or Dependence Treatment	Event/diagnosis—Step 1	Replace the first sentence of the last paragraph of step 1 with the following text: <i>For members whose first episode was an ED visit that resulted in an inpatient stay</i> , use the diagnosis from the ED visit to determine the diagnosis cohort and use the inpatient discharge date as the IESD.
141	Initiation and Engagement of AOD Abuse or Dependence Treatment	Administrative Specification—Numerator, Initiation of AOD Treatment	Replace the second paragraph with the following text: <i>If the Index Episode was an inpatient discharge (or an ED visit that resulted in an inpatient stay)</i> , the inpatient stay is considered initiation of treatment and the member is compliant.
141	Initiation and Engagement of AOD Abuse or Dependence Treatment	Administrative Specification—Numerator, Initiation of AOD Treatment	Replace the last bullet on the page with the following text: <ul style="list-style-type: none"> <li>• If the Index Episode was for a diagnosis of alcohol abuse or dependence (<u>Alcohol Abuse and Dependence Value Set</u>) a MAT dispensing event (<u>MAT for Alcohol Abuse or Dependence Medications List</u>) or a claim for MAT (<u>Medication Assisted Treatment Value Set</u>).</li> </ul>
142	Initiation and Engagement of AOD Abuse or Dependence Treatment	Administrative Specification—Numerator, Initiation of AOD Treatment	Replace the first bullet at the top of the page with the following text: <ul style="list-style-type: none"> <li>• If the Index Episode was for a diagnosis of opioid abuse or dependence (<u>Opioid Abuse and Dependence Value Set</u>) a MAT dispensing event (<u>MAT for Opioid Abuse or Dependence Medications List</u>) or a claim for MAT (<u>Medication Assisted Treatment Value Set</u>).</li> </ul>
142	Initiation and Engagement of AOD Abuse or Dependence Treatment	Administrative Specification—Numerator, Initiation of AOD Treatment	Replace the last sentence in the last paragraph with the following text: Exclude the member from the denominator for both indicators ( <i>Initiation of AOD Treatment</i> and <i>Engagement of AOD Treatment</i> ) if the initiation of treatment event is an inpatient stay with a discharge date after November 27 of the measurement year.
142	Initiation and Engagement of AOD Abuse or Dependence Treatment	Administrative Specification—Numerator, Engagement of AOD Treatment	In the first paragraph of the section labeled “1,” replace the references to “29 days” with “34 days.”
143	Initiation and Engagement of AOD Abuse or Dependence Treatment	Administrative Specification—Numerator, Engagement of AOD Treatment	In the section labeled “2” at the top of the page replace all references to “33 days” with “34 days.”

Page	Measure/Guideline	Head/Subtitle	Update			
143	Initiation and Engagement of AOD Abuse or Dependence Treatment	Administrative Specification—Numerator, Engagement of AOD Treatment	In the second to last paragraph, replace the reference to “33-day period” with “34-day period.”			
149	Medication Management for People With Asthma	Definitions—Injection dispensing event	Replace “Injection dispensing event” with “Injection or intravenous dispensing event.”			
149	Medication Management for People With Asthma	Definitions—Injection dispensing event	Replace the first sentence of the definition with the following text: Each injection or intravenous infusion counts as one dispensing event.			
150	Medication Management for People With Asthma	Asthma Controller Medications Table	Add the following row to the Asthma Controller Medications table. <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 33%; text-align: center;">Anti-interleukin-5</td> <td style="width: 33%; text-align: center;">• Mepolizumab</td> <td style="width: 33%; text-align: center;">• Reslizumab</td> </tr> </table>	Anti-interleukin-5	• Mepolizumab	• Reslizumab
Anti-interleukin-5	• Mepolizumab	• Reslizumab				
156	Plan All-Cause Readmissions	Administrative Specification—Denominator, Step 5: Required exclusions	Replace the third dash under “4” with the following text: – An organ transplant ( <u>Kidney Transplant Value Set</u> , <u>Bone Marrow Transplant Value Set</u> , <u>Organ Transplant Other Than Kidney Value Set</u> , <u>Introduction of Autologous Pancreatic Cells Value Set</u> ).			
159	Plan All-Cause Readmissions	Numerator—Step 3	Replace the first sentence with the following text: Exclude acute inpatient hospital admissions for female members with a principal diagnosis of pregnancy ( <u>Pregnancy Value Set</u> ) or for any member (any gender) with a principal diagnosis for a condition originating in the perinatal period ( <u>Perinatal Conditions Value Set</u> ).			
161	Plan All-Cause Readmissions	Administrative Specification—Reporting Tables	Add the following table after Table PCR-A-4: Plan All-Cause Readmissions Rates by Age and Risk Adjustment (commercial and Medicare):			

**Table PCR-B-4: Plan All-Cause Readmissions Rates by Age and Risk Adjustment**

Age	Count of Index Stays (Denominator)	Count of Observed 30-Day Readmissions (Numerator)	Observed Readmissions Rate (Num/Den)	Count of Expected 30-Day Readmissions	Expected Readmissions Rate (Expected Readmissions/Den)	Total Variance (O/E)	O/E Ratio (Observed Readmissions/Expected Readmissions)	Lower Confidence Interval (O/E Ratio)	Upper Confidence Interval (O/E Ratio)
65-74	_____	_____	_____	_____	_____	_____	_____	_____	_____
75-84	_____	_____	_____	_____	_____	_____	_____	_____	_____
85+	_____	_____	_____	_____	_____	_____	_____	_____	_____
<b>Total</b>	_____	_____	_____	_____	_____	_____	_____	_____	_____

164	Prenatal and Postpartum Care	Identifying Prenatal Care for Women Continuously Enrolled During the First Trimester—Decision Rule 3	Replace the first sentence with “Either of the following during the first trimester where the practitioner type is a PCP:”
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Page	Measure/Guideline	Head/Subtitle	Update
164-165	Prenatal and Postpartum Care	Identifying Prenatal Care for Women Continuously Enrolled During the First Trimester— Decision Rule 3	<p>Replace the bullets after “OR” with the following text:</p> <ul style="list-style-type: none"> <li>• A prenatal visit (<u>Prenatal Visits Value Set</u>) with a pregnancy-related diagnosis code (<u>Pregnancy Diagnosis Value Set</u>) (codes must be on the same claim) where the practitioner type is a PCP and at least one of the following, all during the first trimester (on the same date of service as the prenatal visit or on different dates of service). <ul style="list-style-type: none"> <li>– An obstetric panel (<u>Obstetric Panel Value Set</u>).</li> <li>– An ultrasound (echocardiography) of the pregnant uterus (<u>Prenatal Ultrasound Value Set</u>).</li> <li>– All of the following on the same date of service or on different dates of service: <ul style="list-style-type: none"> <li>▪ Toxoplasma (<u>Toxoplasma Antibody Value Set</u>).</li> <li>▪ Rubella (<u>Rubella Antibody Value Set</u>).</li> <li>▪ Cytomegalovirus (<u>Cytomegalovirus Antibody Value Set</u>).</li> <li>▪ Herpes simplex (<u>Herpes Simplex Antibody Value Set</u>).</li> </ul> </li> <li>– A rubella antibody test (<u>Rubella Antibody Value Set</u>) <i>and</i> an ABO test (<u>ABO Value Set</u>) on the same date of service or on different dates of service.</li> <li>– A rubella antibody test (<u>Rubella Antibody Value Set</u>) <i>and</i> an Rh test (<u>Rh Value Set</u>) on the same date of service or on different dates of service.</li> <li>– A rubella antibody test (<u>Rubella Antibody Value Set</u>) <i>and</i> an ABO/Rh test (<u>ABO and Rh Value Set</u>) on the same date of service or on different dates of service.</li> </ul> </li> </ul>
171	Use of Imaging Studies for Low Back Pain	Eligible Population— Event/diagnosis, Step 4: Required exclusions	<p>Add the following dash to the list of dashes under the Cancer bullet:</p> <ul style="list-style-type: none"> <li>– <u>Other Malignant Neoplasm of Skin Value Set</u>.</li> </ul>