

TO: Interested Parties
FROM: Jenna Barry, Assistant Director, Policy Measures
DATE: July 2024
RE: HEDIS^{®1} MY 2023 Measure Trending Determinations

This memo has been updated to include edits to the Persistence of Beta-Blocker Treatment After a Heart Attack (PBH) measure. After review, we determined that a break in trending is needed due to an unforeseen impact on the measure rates due to the changes to the exclusion criteria. Detailed changes from the previous version of the memo, released in June 2023, are highlighted below.

This memo communicates trending determinations for measures in the HEDIS MY 2023 Volume 2 Technical Specifications that will be reported publicly. 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 rate 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. Do not rely solely on this memo as an explanation for rate and performance changes.

Trending Determinations by Measure

The following measures had revisions for HEDIS MY 2023 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.

Submit questions about this memo to NCQA staff through [My NCQA](#).

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Colorectal Cancer Screening (COL and COL-E)

Change: Revised the age stratifications from 46–49 years to 46–50 years and from 50–75 years to 51–75 years of age.

Anticipated Trending Determination: Add caution flag to all product lines for the 46–50 and 51–75 age stratifications due to the age revisions.

Chlamydia Screening in Women (CHL)

Change: Revised the optional exclusions for pregnancy test to be step 2 of the event/diagnosis criteria.

Anticipated Trending Determination: Add caution flag to all product lines due to moving the optional exclusion for pregnancy tests to step 2 of the event/diagnosis criteria.

Persistence of Beta-Blocker Treatment After a Heart Attack (PBH)

Change:

- Added a required exclusion for members who died during the measurement year.
- Revised optional exclusions to be required exclusions.
- Updated the number of occurrences required for the frailty cross-cutting exclusion.

Anticipated Trending Determination: Break in trending for all product lines due to the changes made to the exclusion criteria.

Eye Exam for Patients With Diabetes (EED)

Change: Updated General Guideline 37 to allow use of automated eye exams from laboratory claims and data.

Anticipated Trending Determination: Add caution flag to all product lines due to revisions to General Guideline 37 to allow automated eye exams in a laboratory setting. This edit could result in increased performance among plans.

Antidepressant Medication Management (AMM)

Change: Revised the age criterion to 18 years and older as of the index prescription start date (IPSD).

Anticipated Trending Determination: Add caution flag to all product lines due to the revision of the age criterion for the IPSD.

Follow-Up Care for Children Prescribed ADHD Medication (ADD and ADD-E)

Change:

- Added instructions for calculating covered days.
- Replaced “discharge date” with “admission date” in step 4 of the event/diagnosis in both Rate 1 and Rate 2.

Anticipated Trending Determination: Add a caution flag for all product lines due to clarifying instructions for calculating covered days in the event/diagnosis for Rate 2 and replacing discharge dates with admission dates in step 4 of the event/diagnosis for both Rate 1 and Rate 2.

Follow-Up After Emergency Department Visit for Substance Use (FUA)

Change: Added eligible population instructions for ED visits followed by residential treatment.

Anticipated Trending Determination: Add caution flag to all product lines due to revisions to the eligible population criteria.

Osteoporosis Screening in Older Women (OSW)

Change:

- Removed I-SNP and LTI Flag exclusions.
- Updated the number of occurrences required for the frailty cross-cutting exclusion.

Anticipated Trending Determination: Add caution flag due to removal of I-SNP and LTI Flag exclusions and updates to frailty cross-cutting exclusions.

Initiation and Engagement of Substance Use Disorder Treatment (IET)

Change: Added a step to the event/diagnosis to deduplicate eligible episodes on the same date of service.

Anticipated Trending Determination: Add caution flag to all product lines due to changes to the event/diagnosis. When there is more than one eligible event with the same date of service, only one counts toward the denominator. This will reduce the number of denominator events.

Prenatal and Postpartum Care (PPC)

Change: Clarified continuous enrollment requirements for step 2 of the Timeliness of Prenatal Care numerator.

Anticipated Trending Determination: Add caution flag to all product lines due to clarification of continuous enrollment requirements.

Utilization of the PHQ-9 to Monitor Depression Symptoms for Adolescents and Adults (DMS-E)

Change: Revised the timing of the behavioral health disorder exclusion to exclude members with diagnoses that started any time during the member's history through the end of the measurement period.

Anticipated Trending Determination: Add caution flag to all product lines due to edits to exclusion criteria.

Depression Remission or Response for Adolescents and Adults (DRR-E)

Change:

- Expanded and restructured IESD criteria to require an interactive outpatient encounter with a diagnosis of major depression or dysthymia.
- Removed guidance statement indicating administrative data could not be used in identifying the IESD.
- Revised exclusion timing to allow disorders starting any time during the member's history through the end of the measurement period.

Anticipated Trending Determination: Break in trending for all product lines due to changes to the IESD and the exclusion criteria.

Adult Immunization Status (AIS-E)

Change:

- Expanded reporting to all product lines for all indicators.
- Removed exclusions for active chemotherapy, bone marrow transplant or a history of immunocompromising conditions.
- Revised pneumococcal vaccine numerator requirements to specify any type of pneumococcal vaccine administered between 18 years of age and the end of the measurement period.
- Added criteria allowing for anaphylaxis due to the influenza vaccine, anaphylaxis due to the herpes zoster vaccine and anaphylaxis due to the pneumococcal vaccine, to satisfy the numerators of their respective rates.

- Added age stratification to influenza, Td/Tdap and zoster indicators.
 - Updated logic evaluating members who were administered the 23-valent pneumococcal polysaccharide vaccine and members who were administered the adult pneumococcal vaccine.
- Anticipated Trending Determination:** Break in trending for all product lines due to significant changes to the measure during reevaluation.