

HEDIS[®] 2017 NCQA Patient-Level Detail File Instructions

(2016 Measurement Year)

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Introduction

NCQA requires a Patient-Level-Detail (PLD) file validation for all submissions (Medicare, Medicaid, commercial and Marketplace). It is a final method of validating that the counts of individual members match the measure totals in the Interactive Data Submission System (IDSS).

Commercial, Medicaid and Marketplace PLD files will not be submitted to NCQA in 2017, but must be submitted to the Certified HEDIS Compliance Auditor as part of rate validation. Submitting Medicare PLD files to CMS is still required, and organizations must follow CMS instructions.

Instructions

Requirements

- The patient-level data must match the summary-level data for each measure.
- All fields in the NCQA PLD file specifications are mandatory.

Values

The specifications require logical values for some measures and quantitative values for others.

- An example of **logical value** is in the *Breast Cancer Screening* measure. A value of “1” indicates that the member was included in the numerator or denominator; a value of “0” indicates that the member was not included.
- An example of **quantitative value** is in the *Follow-Up After Hospitalization for Mental Illness* measure. The submission shows a numerical value that indicates the number of times the member was included in the numerator or denominator.

File Naming and Format

The PLD must be a fixed-width text file that uses the following naming convention:

PLDF_SubID_MMDDYYY_Version

Example: PLDF_12345_11132016_v1

Numeric values (e.g., member months, denominators, and numerators) must be right justified and blank to the left of the value.

Text fields (e.g., Member ID) must be left justified and blank filled to the right of the value.

Reporting Audit Designations

Measures with an audit designation of *NR*, *BR* and *NQ* in IDSS are recorded in the patient-level file as “0.” Each member should show “0” in the numerator and denominator fields for any measure with these designations.

In the Effectiveness of Care measures with multiple numerators (e.g., *Comprehensive Diabetes Care*):

- Plans record “0” in the numerator field for each member in an indicator designated *NR*, *BR* or *NQ*.
- Plans record “0” or “1” for each numerator designated *R*.
 - If at least one numerator is designated *R*, members who were in the eligible population for calculating the HEDIS rate also show “1” in the associated denominator column.

If the measure rate is *NB* in IDSS, because the plan does not offer a benefit required for the measure (e.g., pharmacy benefit for *Antidepressant Medication Management*), record each member as “0” for the denominator and the numerators.

If the measure rate in IDSS is *NA* because of an insufficient number of members in the eligible population, count members who were in the eligible population in the denominator and members who received the event or service in the numerator. For example, a plan that has 29 members in the eligible population for *Breast Cancer Screening* and 20 members who qualified for the numerator show *NA* as the reported rate in the IDSS submission.

In its patient-level data file, the plan shows “1” for the denominator for each of the 29 eligible members and “1” in the numerator for each of the 20 members who received the screening.

Reporting Hybrid Data Collection Method

When using the Hybrid Method, record “1” in the measure denominator field for the final set of sampled members and record “1” in the measure numerator field for the final set of sampled members who were a numerator hit when the HEDIS measure was calculated.

For example, in a sample of 411 members drawn from eligible population for *Colorectal Cancer Screening*, 275 members may have been identified as receiving the procedure through administrative data, 25 through medical record review and 25 through supplemental data. Therefore, all 325 members identified through all methods show “1” in the numerator and the 411 sampled members from the eligible population show “1” in the denominator column. The PLD file does not take into account how the member was determined to be numerator compliant.

Members to Exclude

Exclude members who are not in the eligible population of any measure in the product line-specific PLD.

Deadline

You are encouraged to submit PLD files each time you provide preliminary or final rates to your auditor. Organizations must submit the plan-locked commercial, Medicaid, Marketplace and Medicare submissions and patient-level data files to the auditor no later than June 8, 2017.

Customer Support

**Commercial, Medicaid,
Marketplace PLD
Support** Submit questions to PCS at <https://my.ncqa.org/>.

Medicare PLD Support Contact Scope Infotech, Inc. at 877-996-1333 or ma_patient_data@scopeinfotechinc.com.

MEASURES INCLUDED IN THE 2017 NCQA PLD

No new measures were added to the list of measures required to be included in the PLD file. If your organization requires other measures to be included, you should work with your auditor to meet these requirements.

Note: Medicare-only measures are not listed because organizations must follow CMS requirements.

HEDIS: Effectiveness of Care

Prevention and Screening

| | |
|-----|---|
| ABA | Adult BMI Assessment |
| WCC | Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents |
| CIS | Childhood Immunization Status |
| IMA | Immunizations for Adolescents |
| LSC | Lead Screening in Children |
| BCS | Breast Cancer Screening |
| CCS | Cervical Cancer Screening |
| COL | Colorectal Cancer Screening |
| CHL | Chlamydia Screening in Women |

Respiratory Conditions

| | |
|-----|---|
| CWP | Appropriate Testing for Children With Pharyngitis |
| SPR | Use of Spirometry Testing in the Assessment and Diagnosis of COPD |
| PCE | Pharmacotherapy Management of COPD Exacerbation |
| MMA | Medication Management for People With Asthma |
| AMR | Asthma Medication Ratio |

Cardiovascular Conditions

| | |
|-----|--|
| CBP | Controlling High Blood Pressure |
| PBH | Persistence of Beta-Blocker Treatment After a Heart Attack |
| SPC | Statin Therapy for Patients With Cardiovascular Disease |

Diabetes

| | |
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| CDC | Comprehensive Diabetes Care |
| SPD | Statin Therapy for Patients With Diabetes |

Musculoskeletal Conditions

| | |
|-----|--|
| ART | Disease Modifying Anti-Rheumatic Drug Therapy for Rheumatoid Arthritis |
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Behavioral Health

| | |
|-----|--|
| AMM | Antidepressant Medication Management |
| ADD | Follow-Up Care for Children Prescribed ADHD Medication |
| FUH | Follow-Up After Hospitalization for Mental Illness |
| SSD | Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications |
| SMD | Diabetes Monitoring for People With Diabetes and Schizophrenia |
| SMC | Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia |
| SAA | Adherence to Antipsychotic Medications for Individuals With Schizophrenia |
| APM | Metabolic Monitoring for Children and Adolescents on Antipsychotics |

Medication Management

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| MPM | Annual Monitoring for Patients on Persistent Medications |
|-----|--|

Overuse/Appropriateness

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|-----|---|
| NCS | Non-Recommended Cervical Cancer Screening in Adolescent Females |
| URI | Appropriate Treatment for Children With Upper Respiratory Infection |
| AAB | Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis |
| LBP | Use of Imaging Studies for Low Back Pain |
| APC | Use of Multiple Concurrent Antipsychotics in Children and Adolescents |

HEDIS: Access/Availability of Care

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|-----|--|
| AAP | Adults' Access to Preventive/Ambulatory Health Services |
| CAP | Children and Adolescents' Access to Primary Care Practitioners |
| ADV | Annual Dental Visit |
| IET | Initiation and Engagement of Alcohol and Other Drug Dependence Treatment |
| PPC | Prenatal and Postpartum Care |
| APP | Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics |

HEDIS: Utilization and Risk Adjusted Utilization

Utilization

| | |
|-----|---|
| FPC | Frequency of Ongoing Prenatal Care |
| W15 | Well-Child Visits in the First 15 Months of Life |
| W34 | Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life |
| AWC | Adolescent Well-Care Visits |

QRS

| | |
|-----|----------------------------|
| PDC | Proportion of Days Covered |
|-----|----------------------------|