October 3, 2016

Dear Colleague:

NCQA is pleased to present the 2017 HEDIS®[1] 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 and Relative Resource Use (RRU) measure.

Measures that require pharmacy data and the Risk Adjusted Utilization and RRU measures will be final when the National Drug Code (NDC) lists, risk-adjustment tables and the Standard Pricing Tables (SPT), are posted on November 1, 2016.

This memo contains the following information:

- Random Number (RAND) table for 2017 *HEDIS for the Quality Rating System*.
- Corrections, policy changes and clarifications to 2017 *HEDIS for the Quality Rating System.*

This memo does not contain changes to medications. Refer to the *NDC List Technical Update* document posted with the NDC lists 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 3 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.

This year, NCQA added the following disclaimer and additional copyright language to all HEDIS and measurement products:

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>
> HEDIS® measures and specifications are not clinical guidelines and do not establish a standard of medical care, and have not been tested for all potential applications. The measures and specifications are provided "as is" without warranty of any kind. NCQA makes no representations, warranties or endorsements about the quality of any product, test or protocol identified as numerator compliant or otherwise identified as meeting the requirements of a HEDIS measure or specification. NCQA also makes no representations, warranties or endorsements about the quality of any organization or clinician that uses or reports performance measures. NCQA has no liability to anyone who relies on HEDIS measures and specifications or data reflective of performance under such measures and specifications.

Review all items in the table and attachments, 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

[1]HEDIS® 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	.02
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents	.90
Childhood Immunization Status	.08
Immunizations for Adolescents	.87
Cervical Cancer Screening	.44
Colorectal Cancer Screening	.37
Controlling High Blood Pressure	.72
Comprehensive Diabetes Care	.46
Prenatal and Postpartum Care	.56

Specification Updates

This document contains corrections, policy changes and clarifications to 2017 *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
	Copyright page	Copyright page immediately following the title page	Add the following text above "©2016 by the National Committee for Quality Assurance": Disclaimer HEDIS® MEASURES AND SPECIFICATIONS ARE NOT CLINICAL GUIDELINES AND DO NOT ESTABLISH A STANDARD OF MEDICAL CARE, AND HAVE NOT BEEN TESTED FOR ALL POTENTIAL APPLICATIONS. THE MEASURES AND SPECIFICATIONS ARE PROVIDED "AS IS" WITHOUT WARRANTY OF ANY KIND. NCQA MAKES NO REPRESENTATIONS, WARRANTIES OR ENDORSEMENTS ABOUT THE QUALITY OF ANY PRODUCT, TEST OR PROTOCOL IDENTIFIED AS NUMERATOR COMPLIANT OR OTHERWISE IDENTIFIED AS MEETING THE REQUIREMENTS OF A HEDIS MEASURE OR SPECIFICATION. NCQA ALSO MAKES NO REPRESENTATIONS, WARRANTIES OR ENDORSEMENTS ABOUT THE QUALITY OF ANY ORGANIZATION OR CLINICIAN THAT USES OR REPORTS PERFORMANCE MEASURES. NCQA HAS NO LIABILITY TO ANYONE WHO RELIES ON HEDIS MEASURES AND SPECIFICATIONS OR DATA REFLECTIVE OF PERFORMANCE UNDER SUCH MEASURES AND SPECIFICATIONS. Copyright NCQA holds a copyright in the HEDIS measures and specifications and can rescind or alter these measures and specifications at any time. Users of the HEDIS measures and specifications shall not have the right to alter, enhance or otherwise modify the HEDIS measures and specifications, and shall not disassemble, recompile or reverse engineer the HEDIS measures and specifications. All commercial uses of the HEDIS measures and specifications must be approved by NCQA and are subject to a license at the discretion of NCQA.
24	General Guideline 10	Members in Hospice	Replace the first sentence with the following text: Exclude members who use hospice services or elect to use a hospice benefit any time during the measurement year, regardless of when the services began.

Page	Measure/Guideline	Head/Subtitle	Update
35	General Guideline 33	Coding Systems Included in HEDIS	Add two asterisks (**) to the General Guideline title; add the following text after the last paragraph of the guideline: ** *Limited proprietary coding is contained in the measure specifications for convenience. Users of the proprietary code sets should obtain all necessary licenses from the owners of these code sets. NCQA disclaims all liability for use or accuracy of any coding contained in the specifications.* *The American Medical Association holds a copyright to the CPT® codes contained in the measures specifications.* *The American Hospital Association holds a copyright to the Uniform Bill Codes ("UB") contained in the measure specifications. The UB Codes in the HEDIS specifications are included with the permission of the AHA. The UB Codes contained in the HEDIS specifications may be used by health plans and other health care delivery organizations for the purpose of calculating and reporting HEDIS measure results or using HEDIS measure results for their internal quality improvement purposes. All other uses of the UB Codes require a license from the AHA. Anyone desiring to use the UB Codes in a commercial product to generate HEDIS results, or for any other commercial use, must obtain a commercial use license directly from the AHA. To inquire about licensing, contact ub04@healthforum.com.*
61	Guidelines for Relative Resource Use Measures	Guideline 1	Replace the text that reads: RDI and CDC with text that reads: RDI, CDC and SPD
91	Breast Cancer Screening	Exclusion (optional)	Replace the second bullet with the following text: • Unilateral mastectomy (Unilateral Mastectomy Value Set) ***with*** a bilateral modifier (Bilateral Modifier Value Set). Codes must be on the same claim.
92	Breast Cancer Screening	Exclusion (optional)	In the first row of bullets in the table, replace both references to "(same date of service)" with "(same claim)."
92	Breast Cancer Screening	Note	Replace the Note with the following text: • This measure evaluates primary screening. Do not count biopsies, breast ultrasounds, MRIs or tomosynthesis (3D mammography), because they are not appropriate methods for primary breast cancer screening.
105	Colorectal Cancer Screening	Administrative Specification—Numerator	Add the following as the fourth and fifth bullets: • CT colonography (CT Colonography Value Set) during the measurement year or the four years prior to the measurement year. • FIT-DNA test (FIT-DNA Value Set) during the measurement year or the two years prior to the measurement year.
106	Colorectal Cancer Screening	Hybrid Specification—Numerator	Add the following as the fourth and fifth bullets in the numerator: • CT colonography during the measurement year or the four years prior to the measurement year. • FIT-DNA during the measurement year or the two years prior to the measurement year.
106	Colorectal Cancer Screening	Hybrid Specification—Medical Record	Replace the first sentence of the fourth paragraph with the following text: There are two types of FOBT tests: guaiac (gFOBT) and immunochemical (FIT).

Page	Measure/Guideline	Head/Subtitle	Update
106	Colorectal Cancer Screening	Hybrid Specification—Medical Record	Replace the third bullet of the fourth paragraph with the following text: • FIT tests may require fewer than three samples. If the medical record indicates that an FIT was done, the member meets the screening criteria, regardless of how many samples were returned.
121	Controlling High Blood Pressure	Medical Record-Step 1	Delete the second and third bullet and add the following bullet: • Taken on the same day as a diagnostic test or procedure that requires a change in diet or medication regimen on or one day before the day of the test or procedure, with the exception of fasting blood tests.
129	Follow-Up Care for Children Prescribed ADHD Medication	Definitions—Intake Period	Replace the reference to "February 28" with "February 29."
127, 128	Follow-Up After Hospitalization for Mental Illness	Numerators	Replace the fourth and fifth bullets and the "Transitional care management" paragraph with the following text: • Transitional care management services (TCM 7 Day Value Set). The following meets criteria for only the 30-Day Follow-Up indicator: • Transitional care management services (TCM 14 Day Value Set). Transitional care management is a 30-day period that begins on the date of discharge and continues for the next 29 days. The date of service on the claim is the date of the face-to-face visit.
180	Well-Child Visits in the First 15 Months of Life	Eligible Population—Continuous enrollment	Replace the reference to "April 9, 2016" with "April 8, 2016."
1-3	Appendix 1—Practitioner Types	OB/GYN and other prenatal care practitioner	Replace the second bullet in the definition with the following text: • Certified nurse midwives, nurse practitioners or physician assistants who deliver prenatal care services in a specialty setting (under the direction of an OB/GYN certified or accredited provider).