



**TO:** Interested Parties  
**FROM:** Cindy Ottone, Director, Policy  
**DATE:** March 2017  
**RE:** HEDIS<sup>®1</sup> 2017 Measure Trending Determinations

---

This memo communicates trending determinations for measures in the HEDIS 2017 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 measures that follow had revisions for HEDIS 2017 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 Policy Clarification Support (PCS) at <http://my.ncqa.org>.

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

| Measure   | Specification Change and Anticipated Trending Determination  |
|---|--|
| Immunizations for Adolescents   | <p>Added the HPV vaccine (this rate now includes both males and females) and Combination 2 (meningococcal, Tdap, HPV) rate.</p> <p>Removed the tetanus, diphtheria toxoids (Td) vaccine from the Tdap rate and meningococcal polysaccharide vaccine from the meningococcal rate.</p> <ul style="list-style-type: none"> <li>• <b>Tdap:</b> Although the tetanus, diphtheria toxoids (Td) vaccine is removed from this indicator, it is no longer widely used and its removal should not affect trending.</li> <li>• <b>Meningococcal:</b> Although the meningococcal polysaccharide vaccine is removed from this indicator, it is no longer widely used and its removal should not affect trending.</li> <li>• <b>HPV:</b> Break in trending because males were added to this indicator.</li> <li>• <b>Combination 1 (Meningococcal, Tdap):</b> See the rationale for Tdap and Meningococcal.</li> <li>• <b>Combination 2 (Meningococcal, Tdap, HPV):</b> New rate collected; no data to trend.</li> </ul> <p><i>Note: The HPV rate that was added to the IMA measure was previously a separate measure in HEDIS. The HPV vaccine was added to the IMA measure in HEDIS 2017 as a separate rate. It is not a new measure for HEDIS 2017, but is a new rate collected for the IMA measure, which now includes males and females. HPV rates in HEDIS 2017 are not trendable.</i></p> |
| Colorectal Cancer Screening   | <p>Added CT colonography and FIT-DNA as screening methods for the numerator.</p> <p>Break in trending due to significant changes made to the measure numerator.</p>  |
| Pharmacotherapy Management of COPD Exacerbation   | <p>Deleted the “direct transfer” exclusion previously used in the measure.</p> <p>Added instructions for identifying direct transfers, which requires use of the discharge date from the last admission (previously, we excluded Episode Dates when the member was transferred directly to an acute or nonacute inpatient care setting for any diagnosis).</p> <p>Deleted the exclusion of Episode Dates when there was a readmission or an ED visit within 14 days (formerly step 4).</p> <p>Trending between 2017 and prior years should be considered with caution.</p>   |
| Appropriate Treatment for Children With Upper Respiratory Infection<br>Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis<br>Use of Multiple Concurrent Antipsychotics in Children and Adolescents | <p>Added a requirement to exclude denied claims in the numerator.</p> <p>Trending between 2017 and prior years should be considered with caution.</p>  |
| Use of Imaging Studies for Low Back Pain  | <p>Made multiple changes to the denominator and required exclusions. Added 13 codes to the <u>Low Back Pain Value Set</u> and deleted 8 codes from the new <u>Uncomplicated Low Back Pain Value Set</u> (out of 106 codes). For physical therapy and telehealth, physical therapy codes are more likely to result in a change to the denominator. Added a requirement to not include denied claims in the numerator.</p> <p>Trending between 2017 and prior years should be considered with caution.</p>   |
| Potentially Harmful Drug-Disease Interactions in the Elderly  | <p>Updated the medications included in the measure to align with the 2015 American Geriatrics Society Beers Criteria and removed the delirium codes from the <u>Psychosis Value Set</u>. Added a requirement to not include denied claims in the numerator for all rates.</p>  |

| Measure   | Specification Change and Anticipated Trending Determination   |
|---|---|
|   | <p><b>For Rate 1 and Rate 3:</b> Trending between 2017 and prior years should be considered with caution.</p> <p><b>For Rate 2 and Rate 4 (total rate):</b> Break in trending due to significant changes to the medications in these rates and because denied claims are no longer included in the numerator.</p>   |
| <p><b>Use of High-Risk Medications in the Elderly</b></p>                                     | <p>Updated medications to align with the 2015 American Geriatrics Society Beers criteria.</p> <p>Revised numerators 1 and 2 when assessing high-risk medications using Table DAE-B and DAE-C.</p> <p>Revised numerator 2 to identify multiple dispensing events for the same high-risk medication.</p> <p>Break in trending due to significant changes made to the measure during reevaluation.</p> |
| <p><b>Identification of Alcohol and Other Drug Services and Mental Health Utilization</b></p> | <p>Added telehealth in the HEDIS 2017 Technical Specifications Update.</p> <p>Trending between 2017 and prior years should be considered with caution.</p>  |

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