October 3, 2016

Dear Colleague:

NCQA is pleased to present the HEDIS®[1] 2017 *Volume 2: Technical Update*. With this release, NCQA freezes the technical specifications for Volume 2, with the exception of measures that require pharmacy data, the Risk Adjusted Utilization and Relative Resource Use (RRU) measures and the *Standardized Healthcare-Associated Infection Ratio (HAI)* 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. The HAI measure will be final when the HAI Standard Infection Ratio (SIR) table is posted on January 2, 2017.

This memo contains the following information:

- Random Number (RAND) table for HEDIS 2017.
- Corrections, policy changes and clarifications to HEDIS 2017 *Volume 2: Technical Specifications.*

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 *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
Lead Screening in Children	.59*
Cervical Cancer Screening	.44
Colorectal Cancer Screening	.37
Care for Older Adults	.26
Controlling High Blood Pressure	.72
Comprehensive Diabetes Care	.46
Medication Reconciliation Post-Discharge	.44
Prenatal and Postpartum Care *and* Frequency of Ongoing Prenatal Care	.56**
Well-Child Visits in the First 15 Months of Life (Medicaid only)	.25
Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life (Medicaid only)	.57
Adolescent Well-Care Visits (Medicaid only)	.15
Weeks of Pregnancy at Time of Enrollment	.80

* If using different samples for *Childhood Immunization Status* and *Lead Screening in Children,* use different RANDs. If using the *Childhood Immunization Status* sample for both measures, use the *Childhood Immunization Status* RAND.

** The RANDs for *Prenatal and Postpartum Care* and *Frequency of Ongoing Prenatal Care* measures are the same. These measures are collected using the same denominator.

Specification Updates

This document contains corrections, policy changes and clarifications to HEDIS 2017 *Volume 2, Technical Specifications.* 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.
2	What's New in Volume 2	Retired measures	Add to the list of retired measures: • *Call Answer Timeliness.* • *Weeks of Pregnancy at Time of Enrollment.*
2	What's New in Volume 2?	HAI SIR table	Replace the reference to "HAI Standard Injection Ratio (SIR) table" with "HAI Standard Infection Ratio (SIR) table."

Page	Measure/Guideline	Head/Subtitle	Update
3	What's New in Volume 2?	First-year measure evaluation	Replace the text in this section with the following text: The following HEDIS 2016 *first-year measures* will be publicly reported for HEDIS 2017: • *Statin Therapy for Patients With Cardiovascular Conditions.* • *Statin Therapy for Patients With Diabetes.* • *Emergency Department Utilization.* – For the commercial product line, all age stratifications and the total will be publicly reported. – For the Medicare product line, only the following age stratifications will be publicly reported: 65–74, 75–84, 85+. The following HEDIS 2016 first-year status measure will be publicly reported for HEDIS 2017: • *Medication Reconciliation Post-Discharge.*
7	General Guideline 2	Product-Specific Reporting	Replace the second paragraph with the following text: The organization must submit data for all members for an entire product, including administrative services only (ASO) and consumer-directed or high-deductible health plan products (e.g., CDHP, HDHP) that may be offered under an HMO, PPO or a EPO license. Organizations may exclude only ASO members, and in only two situations: 1. If the ASO contract prohibits the organization from contacting members under any circumstances (a "no-touch" contractual agreement). 2. If the organization is not responsible for administering both in-network and out-of-network claims for ASO members. If the organization excludes these ASO members, they must also exclude them from HEDIS/CAHPS and from accreditation. Refer to *General Guideline 19: Self-Insured Members* for more information.

Page	Measure/Guideline	Head/Subtitle	Update
18	General Guideline 19	Self-Insured Members	Replace the text in the entire guideline with the following text: **Administrative services only** Include self-insured ASO members in HEDIS/CAHPS reports. Organizations may exclude only ASO members from HEDIS/CAHPS reports, in only either of the following situations and only with auditor approval: • The contract prohibits the organization from contacting members for any reason. – This **"no-touch" contractual agreement** is a contract or other written agreement between the organization (i.e., HMO, PPO, EPO) and the ASO, stating that the organization may not contact these ASO members under any circumstances. – The agreement to exclude members in the reporting year must be in place (i.e., fully executed by both parties, in the case of a contract, or communicated, in the case of a written agreement) by January 1 of the measurement year. • The organization is not responsible for administering both in-network and out-of-network claims for ASO members (i.e., employer carve-out for both in-network and out-of-network claims). – If claims are administered through a third party on behalf of an organization (i.e., a claims delegation arrangement), the organization is considered responsible for administering claims and members may not be excluded. An organization *may not* exclude members who cannot be reached (e.g., overseas military or Foreign Service members), unless one of these situations applies. Non-ASO members may not be excluded under this guideline. Federal government instructions and guidance supersede the requirements in this guideline.
18	General Guideline 20	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.
31	General Guideline 44	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.*

Page	Measure/Guideline	Head/Subtitle	Update
75	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.
75	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)."
75	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.
80	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.
81	Colorectal Cancer Screening	Hybrid Specification—Numerator	Add the following as the fourth and fifth bullets: • 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.
81	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).
81	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.
87	Care for Older Adults	Administrative Specification—Numerators: Medication Review	Replace the second and third bullets and the "Transitional care management" paragraph with the following text: • Transitional care management services (TCM 7 Day Value Set; TCM 14 Day Value Set) during the measurement year. 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. Medication management must be furnished no later than the date of the face-to-face visit. To reduce HEDIS reporting burden the date of the face-to-face visit (e.g., the claim date) is used as the medication management/review date.
119	Controlling High Blood Pressure	Identifying the Medical Record—Step 2	In the third paragraph, replace the reference to "coded with 401" with "coded with a diagnosis of hypertension (Essential Hypertension Value Set)."

Page	Measure/Guideline	Head/Subtitle	Update
119	Controlling High Blood Pressure	Medical Record—Step 1	Delete the second and third bullets 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.
124	Persistence of Beta-Blocker Treatment After a Heart Attack	Exclusions (optional)	Replace the last bullet with the following text: • Intolerance or allergy to beta-blocker therapy (Adverse Effect of Beta-Adrenoreceptor Antagonists Value Set).
138	Comprehensive Diabetes Care	Hybrid Specification—Denominator	Add the following text as the second sentence in the third paragraph. Members from the oversample should be added to the denominator for all measure indicators.
150	Statin Therapy for Patients With Diabetes	Numerator—Step 4	Replace "Total Days Covered by a Statin Medication in the Treatment Period (step 3) Total Days in Treatment Period (step 2)" with Total Days Covered by a Statin Medication in the Treatment Period (step 3) Total Days in Treatment Period (step 2)
164	Antidepressant Medication Management	Administrative Specification—Numerators	Replace "*Continuation Phase Treatment*" with "*Effective Continuation Phase Treatment.*"
166	Follow-Up Care for Children Prescribed ADHD Medication	Definitions—Intake Period	Replace the reference to "February 28" with "February 29."
173	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.
233	Use of High-Risk Medications in the Elderly	Administrative Specification—Numerator 1, Table DAE-B.	Add the following text to the end of the first paragraph: Assess each medication class (as identified in the "Description" column) separately. For example, include a member in the numerator who has a single dispensing event for an anti-infective that exceeds the "days supply" criteria and has a single dispensing event for a nonbenzodiazepine hypnotic that exceeds the "days supply" criteria. If a member has multiple dispensing events for an anti-infective, but has a single dispensing event for a nonbenzodiazepine hypnotic that exceeds the "days supply" criteria, include the member in the numerator (for meeting criteria for the nonbenzodiazepine hypnotic).

Page	Measure/Guideline	Head/Subtitle	Update
233	Use of High-Risk Medications in the Elderly	Administrative Specification—Numerator 1, Table DAE-C.	Add the following text to the end of the first paragraph: Assess each drug (as identified by the Drug ID in the NDC list) separately. For example, include a member in the numerator who has a single dispensing event for doxepin that exceeds the "average daily dose" criteria and has a single dispensing event for reserpine that exceeds the "average daily dose criteria." If a member has multiple dispensing events for doxepin, but has a single dispensing event for reserpine that exceeds the "average daily dose" criteria, include the member in the numerator (for meeting criteria for reserpine).
270	Call Answer Timeliness	Entire Measure Specification	Remove this measure and its specification in its entirety from Volume 2.
279	CAHPS Health Plan Survey 5.0H, Child Version	Description	Replace the first sentence with the following text: This measure provides information on parents' experience with their child's Medicaid organization.
280	Children With Chronic Conditions	Description	Replace the first sentence with the following text: This measure provides information on parents' experience with their child's Medicaid organization for the population of children with chronic conditions.
293	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."
319	Identification of Alcohol and Other Drug Services	Description	Replace the fourth bullet with the following text: • Outpatient, ED or telehealth.
319	Identification of Alcohol and Other Drug Services	Calculations—Product lines	Replace the text "outpatient and ED" with "outpatient, ED and telehealth" in the second paragraph.
319	Identification of Alcohol and Other Drug Services	Calculations—Product lines	Replace the text "outpatient or ED" with "outpatient, ED or telehealth" in the third paragraph.
320	Identification of Alcohol and Other Drug Services	Calculations—Outpatient and ED	Replace all references to "outpatient and ED" with "outpatient, ED and telehealth."
320	Identification of Alcohol and Other Drug Services	Calculations—Outpatient and ED	Add the following as the sixth bullet: • Telehealth Value Set *with* Chemical Dependency Value Set.
321-322	Identification of Alcohol and Other Drug Services	Table IAD-1/2/3: Identification of Alcohol and Other Drug Services	Replace all references to "Outpatient/ED" with "Outpatient/ED/Telehealth."
323	Mental Health Utilization	Description	Replace the fourth bullet with the following text: • Outpatient, ED or telehealth.
323	Mental Health Utilization	Calculations—Product lines	Replace the text "outpatient and ED" with "outpatient, ED and telehealth" in the second paragraph.
323	Mental Health Utilization	Calculations—Product lines	Replace the text "outpatient or ED" with "outpatient, ED or telehealth" in the third paragraph.
324	Mental Health Utilization	Calculations—Outpatient and ED	Replace all references to "outpatient and ED" with "outpatient, ED and telehealth."

Page	Measure/Guideline	Head/Subtitle	Update
324	Mental Health Utilization	Calculations—Outpatient and ED	Add the following as the seventh bullet: • Telehealth Value Set ***with*** a principal mental health diagnosis (Mental Health Diagnosis Value Set).
326	Mental Health Utilization	Table MPT-1/2/3: Mental Health Utilization	Replace all references to "Outpatient/ED" with "Outpatient/ED/Telehealth."
384	Guidelines for Relative Resource Use Measures	Guideline 1	Replace the bulleted text that reads: • RDI and CDC with bulleted text that reads: • RDI, CDC and SPD
384	Guidelines for Relative Resource Use Measures	Guideline 1	Replace the bulleted text that reads: • RCA and PBH with bulleted text that reads: • RCA, PBH and SPC
449	Weeks of Pregnancy at Time of Enrollment	Entire Measure Specification	Remove this measure and its specification in its entirety from Volume 2.
457	Guidelines for Measures Collected using Electronic Clinical Data Systems	Guidelines	Add the following as new guideline and renumber subsequent guidelines: 3. Which Services Count? Unless otherwise specified in a particular measure, report all services for the Electronic Clinical Data Systems measures, whether or not the organization paid for them. For example, report services paid for by a third party, such as a community center, or services for which payment was denied because they were not properly authorized. The organization must include all paid, suspended, pending and denied claims, and is ultimately responsible for the quality of care it provides to members. Organizations can choose whether to include reversed claims when reporting services. If an organization includes reversals, it must include these claims in all measures and avoid double counting services (e.g., if a subsequent claim is filed, use only the corrected or adjudicated claim).
459-464	Utilization of the PHQ-9 to Monitor Depression Symptoms for Adolescents and Adults	Entire Measure Specification	Replace all references to "Depression Encounter" with ""Interactive Outpatient Encounter."
461	Utilization of the PHQ-9 to Monitor Depression Symptoms for Adolescents and Adults	Initial Population—Eligibility	Replace the text in this section with the following text: Identify members with at least one interactive outpatient encounter (Interactive Outpatient Encounter Value Set) during the measurement year, with a diagnosis of major depressive disorder or dysthymia (Major Depression and Dysthymia Value Set).
463	Utilization of the PHQ-9 to Monitor Depression Symptoms for Adolescents and Adults	Numerator—Step 1	Replace the text in this step with the following text: For each IESD, identify that a PHQ-9 assessment was completed during the same assessment period. The presence of a PHQ-9 total score indicates completion of a PHQ-9 assessment tool and counts as a qualifying PHQ-9. In addition, completion of a PHQ-9 can be identified by the PHQ-9 Total Score Value Set. The PHQ-9 assessment does not need to occur during a face-to-face encounter; for example, it can be completed over the telephone or through a web-based portal.

Page	Measure/Guideline	Head/Subtitle	Update
465-470	Depression Remission or Response for Adolescents and Adults	Entire Measure Specification	Replace all references to "Depression Encounter" with ""Interactive Outpatient Encounter."
465-470	Depression Remission or Response for Adolescents and Adults	Entire Measure Specification	Replace all references to "DepressionEncounter" with "DRREncounter."
466	Depression Remission or Response for Adolescents and Adults	Measure Definitions—IESD	Replace the text in the definition with the following text: Index Episode Start Date. The earliest date during the intake period where a PHQ-9 score >9 is documented in the ECDS within a 31-day time window including and around (15 days before and 15 days after) an interactive encounter between the member and a provider.
467	Depression Remission or Response for Adolescents and Adults	Initial Population—Initial population logic	Delete the last bullet, which reads • AND: DepressionIndex.
467	Depression Remission or Response for Adolescents and Adults	Exclusions—Denominator Exclusions	Replace the first paragraph with the following text: Exclude members with a diagnosis of any of the following, at any time from the start of the intake period to the end of the measurement period:
467	Depression Remission or Response for Adolescents and Adults	Exclusions—Exclusion Logic	Add the following text as a second paragraph: OR: Union of: • "Diagnosis: Bipolar Disorder" • "Diagnosis: Personality Disorder" • "Diagnosis: Psychotic Disorder" • "Diagnosis: Pervasive Developmental Disorder" • <= 6 months starts before start of "measurement period"
468	Depression Remission or Response for Adolescents and Adults	Rate 2: Depression Follow-Up—Denominator	Replace the text in step 2 with the following text: Identify the IESD. For each member in step 1, identify the first date during the Intake Period where a PHQ-9 assessment was completed and an associated PHQ-9 score >9 was recorded in the ECDS 15 days prior to and including the eligible episode through 15 days after the eligible episode (31 total days). The presence of a PHQ-9 total score indicates completion of the PHQ-9 assessment tool. In addition, completion of a PHQ-9 assessment tool can be identified by the PHQ-9 Total Score Value Set. The member is included in the denominator if the PHQ-9 total score is >9. The PHQ-9 assessment does not need to occur during a face-to-face encounter; for example, it can be completed over the telephone or through a web-based portal.
1-8	Appendix 1—Summary Table of Measures, Product Lines and Changes	CAHPS Health Plan Survey 5.0H, Child Version	Remove the check mark (✓) in the "Commercial" Product Line column.

Page	Measure/Guideline	Head/Subtitle	Update
1-8	Appendix 1—Summary Table of Measures, Product Lines and Changes	Children With Chronic Conditions	Remove the check mark (✓) in the "Commercial" Product Line column.
3-2	Appendix 3—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).
7-8	Appendix 7—Logical Measure Groups	CPC	Remove the check mark (✓) in the "Commercial" Product Line row.
7-8	Appendix 7—Logical Measure Groups	CCC	Remove the check mark (✓) in the "Commercial" Product Line row.