

SUMMARY TABLE OF MEASURE CHANGES

| Measure Name | Changes |
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| Guidelines for Physician Measurement | <ul style="list-style-type: none"> • Added the guideline <i>Patients in Hospice</i>. • Replaced the <i>Human Papillomavirus Vaccine for Female Adolescents</i> measure with the <i>Immunizations for Adolescents</i> measure in guideline Collecting Data for Measures With Multiple Numerator Events. • Added a requirement for the <u>Independent Laboratory Value Set</u> in the guideline <i>Identifying Events/ Diagnoses Using Laboratory or Pharmacy Data</i>. • Updated the guideline <i>Patient-Reported Data</i>. • Added CVX—Vaccines Administered to the guideline Coding Systems Included in HEDIS. • Added the guideline Using Claims to Identify Events in Conjunction With Diagnoses. |
| EFFECTIVENESS OF CARE | |
| Adult BMI Assessment | <ul style="list-style-type: none"> • No changes to this measure. |
| Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents | <ul style="list-style-type: none"> • Added examples of services specific to the assessment or treatment of an acute or chronic condition that do not count toward the “Counseling for nutrition” and “Counseling for physical activity” indicators. |
| Childhood Immunization Status | <ul style="list-style-type: none"> • Added CVX codes to the measure. • Added HIV Type 2 Value Set to the exclusions. • Added exclusions for the rotavirus vaccine. |
| Immunizations for Adolescents | <ul style="list-style-type: none"> • Added the HPV vaccine. • Added Combination 2 (meningococcal, Tdap, HPV). • Removed the tetanus, diphtheria toxoids (Td) and meningococcal polysaccharide vaccines. • Added CVX codes to the measure. |
| Lead Screening in Children | <ul style="list-style-type: none"> • No changes to this measure. |
| Breast Cancer Screening | <ul style="list-style-type: none"> • Clarified that tomosynthesis (3D mammography) is not included in the measure. • Clarified in the exclusions that codes on the <u>Unilateral Mastectomy Value Set</u> and <u>Bilateral Modifier Value Set</u> must be on the same claim. |
| Cervical Cancer Screening | <ul style="list-style-type: none"> • Clarified that reflex testing does not meet criteria in step 2 of the medical record specification. |
| Colorectal Cancer Screening | <ul style="list-style-type: none"> • Clarified when pathology reports may be used for the numerator. • Added <u>CT Colonography Value Set</u> and <u>FIT-DNA Value Set</u> to the numerators. • Defined the acronym for immunochemical as “FIT.” |
| Chlamydia Screening in Women | <ul style="list-style-type: none"> • No changes to this measure. |
| Measure Name | Changes |
| EFFECTIVENESS OF CARE | |

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| Care for Older Adults | <ul style="list-style-type: none"> • Clarified that transitional care management services are reported during the measurement year and the date of service on the claim is the date of the face-to-face visit. The date of the face-to-face visit is used as the medication management/review date. • Clarified examples of advance care plans that medical power of attorney is an advance directive. • Clarified examples of advance care planning discussion. |
| Appropriate Testing for Children With Pharyngitis | <ul style="list-style-type: none"> • Added instructions to identify ED visits and observation visits that result in an inpatient stay. |
| Use of Spirometry Testing in the Assessment and Diagnosis of COPD | <ul style="list-style-type: none"> • Clarified the allowable gap criteria for Medicaid beneficiaries whose enrollment is verified monthly. • Clarified that the first admission date should be used (if the admission is followed by a direct transfer) when determining the negative diagnosis history in step 2. • Added instructions to identify ED visits and observation visits that result in an inpatient stay. |
| Pharmacotherapy Management of COPD Exacerbation | <ul style="list-style-type: none"> • Added instructions to identify ED visits that result in an inpatient stay (step 1). • Deleted the direct transfer exclusion and added a requirement to use the discharge date from the last admission (step 3). • Added instructions to identify direct transfers (step 3). • Deleted the exclusion of Episode Dates when there was a readmission or an ED visits within 14 days (formerly step 4). |
| Medication Management for People With Asthma | <ul style="list-style-type: none"> • No changes to this measure. |
| Asthma Medication Ratio | <ul style="list-style-type: none"> • No changes to this measure. |
| Controlling High Blood Pressure | <ul style="list-style-type: none"> • Replaced replace the reference to “coded with 401” with “coded with a diagnosis of hypertension (<u>Essential Hypertension Value Set</u>)” when identifying the medical record. • Revised the list of BPs to not include in step 1 of the numerator. • Added a Note clarifying the intent when confirming the diagnosis of hypertension. |
| Persistence of Beta-Blocker Treatment After a Heart Attack | <ul style="list-style-type: none"> • Removed language instructing organizations to use only facility claims to identify discharges and diagnoses for denominator events. This is now addressed in Guidelines for Physician Measurement. • Added instructions to identify direct transfers. • Added the <u>Adverse Effect of Beta-Adrenoreceptor Antagonists Value Set</u> to the exclusions. |
| Statin Therapy for Patients With Cardiovascular Conditions | <ul style="list-style-type: none"> • Added a Note section. |
| Comprehensive Adult Diabetes Care | <ul style="list-style-type: none"> • Added an Electronic Method and new value set to identify negative eye exams in the year prior to the measurement year. • Revised the list of BPs to not include in step 1 of the numerator. • Added glycohemoglobin, glycated hemoglobin and glycosylated hemoglobin as acceptable HbA1c tests. • Clarified documentation requirements for a negative eye exam. • Revised criteria for excluding the blood pressure reading on the date of a procedure. • Removed the “Smoking and Tobacco Use Cessation Assistance” and “Foot examination” indicators. |
| Statin Therapy for Patients With Diabetes | <ul style="list-style-type: none"> • Clarified that exclusions are excluded from the denominator for both rates. • Added a Note. |

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| EFFECTIVENESS OF CARE | |
| Disease Modifying Anti-Rheumatic Drug Therapy for Rheumatoid Arthritis | <ul style="list-style-type: none"> Added the <u>HIV Type 2 Value Set</u> to the exclusions. |
| Osteoporosis Management in Women Who Had a Fracture | <ul style="list-style-type: none"> Added a requirement to not include ED visits and observation visits that result in an inpatient stay in steps 1 and 2 of the event/diagnosis. Added instructions to identify direct transfers. Clarified that for direct transfers, the first admission date should be used when determining the number of days prior to the IESD in step 4. |
| Antidepressant Medication Management | <ul style="list-style-type: none"> Revised the required exclusion instructions for inpatient stays to search for admissions or discharges that occur during the 121-day period. Clarified the number of gap days allowed for each numerator. |
| Follow-Up Care for Children Prescribed ADHD Medication | <ul style="list-style-type: none"> No changes to this measure. |
| Follow-Up After Hospitalization for Mental Illness | <ul style="list-style-type: none"> Removed language instructing organizations to use only facility claims to identify discharges and diagnoses for denominator events. This is now addressed in the <i>Guidelines for Physician Measurement</i>. Added value sets to identify direct transfers. Revised the date requirements for transitional care management numerator events. <p>Note: For this measure, organizations are not required to differentiate between readmissions and direct transfers; therefore, the definition of direct transfer is not required.</p> |
| Follow-Up After Emergency Department Visit for Mental Illness | <ul style="list-style-type: none"> First-year measure. |
| Follow-Up After Emergency Department Visit for Alcohol and Other Drug Dependence | <ul style="list-style-type: none"> First-year measure. |
| Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications | <ul style="list-style-type: none"> Replaced all references to <u>BH ED POS Value Set</u> with <u>ED POS Value Set</u> (the codes in these value sets are the same). Added “cariprazine” to the description of “Miscellaneous antipsychotic agents” in Table SSD-D. |
| Diabetes Monitoring for People With Diabetes and Schizophrenia | <ul style="list-style-type: none"> Replaced all references to <u>BH ED POS Value Set</u> with <u>ED POS Value Set</u> (the codes in these value sets are the same). Clarified the criteria for exclusions. |
| Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia | <ul style="list-style-type: none"> Replaced all references to <u>BH ED POS Value Set</u> with <u>ED POS Value Set</u> (the codes in these value sets are the same). |
| Adherence to Antipsychotic Medications for Individuals With Schizophrenia | <ul style="list-style-type: none"> Added a Note to the definitions to clarify how to calculate number of days covered if both oral medications and long-acting injections are dispensed. Replaced all references to <u>BH ED POS Value Set</u> with <u>ED POS Value Set</u> (the codes in these value sets are the same). Added “cariprazine” to the description of “Miscellaneous antipsychotic agents (oral)” in Table SAA-A. |

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| EFFECTIVENESS OF CARE | |
| Metabolic Monitoring for Children and Adolescents on Antipsychotics | <ul style="list-style-type: none"> • Added “cariprazine” to the description of “Second generation antipsychotic medications” in Table APM-A. |
| Annual Monitoring for Patients on Persistent Medications | <ul style="list-style-type: none"> • No changes to this measure. |
| Medication Reconciliation Post-Discharge | <ul style="list-style-type: none"> • Added value sets to identify direct transfers. • Clarified medical record documentation requirements for medication reconciliation. <p>Note: For this measure, organizations are not required to differentiate between readmissions and direct transfers; therefore, the definition of direct transfer is not required.</p> |
| Non-Recommended Cervical Cancer Screening in Adolescent Females | <ul style="list-style-type: none"> • Added <u>HIV Type 2 Value Set</u> to the required exclusions. |
| Non-Recommended PSA-Based Screening in Older Men | <ul style="list-style-type: none"> • No changes to this measure. |
| Appropriate Treatment for Children With Upper Respiratory Infection | <ul style="list-style-type: none"> • Added instructions for identifying ED visits and observation visits that result in an inpatient stay. • Added a requirement that denied claims should not be included in the numerator. |
| Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis | <ul style="list-style-type: none"> • Revised the allowable gap criteria. • Added instructions to identify ED visits and observation visits that result in an inpatient stay. • Added two value sets to step 3 of the event/diagnosis criteria (<u>HIV Type 2 Value Set</u>; <u>Disorders of the Immune System Value Set</u>). • Added a requirement to not include denied claims in the numerator. |
| Use of Imaging Studies for Low Back Pain | <ul style="list-style-type: none"> • Replaced the <u>Low Back Pain Value Set</u> with the <u>Uncomplicated Low Back Pain Value Set</u> in step 1 of the event/diagnosis. • Added instructions to identify ED visits and observation visits that result in an inpatient stay. • Renamed the <u>Osteopathic Manipulative Treatment Value Set</u> to <u>Osteopathic and Chiropractic Manipulative Treatment Value Set</u> in step 1 of the event/diagnosis. • Added the <u>Physical Therapy Value Set</u> to step 1 of the event/diagnosis. • Added the <u>Telehealth Value Set</u> to step 1 of the event/diagnosis. • Replaced the <u>Low Back Pain Value Set</u> with the <u>Uncomplicated Low Back Pain Value Set</u> in step 3 of the event/diagnosis. • Revised the look back period to exclude patients with recent trauma from 12-months to 3-months in step 4 of the event/diagnosis. • Added required exclusions and the following value sets to step 4 of the event/diagnosis: <u>HIV Value Set</u>, <u>Spinal Infection Value Set</u>, <u>Organ Transplant Other Than Kidney Value Set</u>, <u>Kidney Transplant Value Set</u>. • Added a required exclusion for prolonged use of corticosteroids to step 4 of the event/diagnosis. • Replaced the <u>Low Back Pain Value Set</u> with the <u>Uncomplicated Low Back Pain Value Set</u> in the numerator. • Added a requirement to not include denied claims in the numerator. |

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| Use of Multiple Concurrent Antipsychotics in Children and Adolescents | <ul style="list-style-type: none"> Added “cariprazine” to the description of “Second generation antipsychotic medications” in Table APC-A. Added a requirement that denied claims should not be included in the numerator. Added a Note. |
| Potentially Harmful Drug-Disease Interactions in the Elderly | <ul style="list-style-type: none"> Updated the medications included in the measure to align with the 2015 American Geriatrics Society Beers Criteria. Removed delirium codes from the <u>Psychosis Value Set</u>. Added a requirement to not include denied claims in the numerator for all rates. |
| Use of High-Risk Medications in the Elderly | <ul style="list-style-type: none"> Updated the medications included in the measure to align with the 2015 American Geriatrics Society Beers Criteria. Revised numerator 1 for high-risk medications to assess each medication class separately and with days supply criteria (Table DAE-B). Revised numerator 2 to assess each drug separately and with average daily dose criteria (Table DAE-C). Added a requirement to not include denied claims in numerators 1 and 2. |
| ACCESS/AVAILABILITY OF CARE | |
| Adults' Access to Preventive/Ambulatory Health Services | <ul style="list-style-type: none"> No changes to this measure. |
| Children's and Adolescents' Access to Primary Care Practitioners | <ul style="list-style-type: none"> No changes to this measure. |
| Initiation and Engagement of Alcohol and Other Drug Dependence Treatment | <ul style="list-style-type: none"> Added instructions to identify direct transfers. Added instructions to identify ED visits that result in an inpatient stay. Clarified that an AOD diagnosis is not required for direct transfers when identifying the IESD. |
| Prenatal and Postpartum Care | <ul style="list-style-type: none"> Clarified that the prenatal visit for the <i>Timeliness of Prenatal Care</i> numerator can occur on the date of enrollment. Clarified in the Note that the EDD must be on or between November 6 of the year prior to the measurement year and November 5 of the measurement year. Added a Note explaining that the organization may use EDD to identify the first trimester for the Timeliness of Prenatal Care rate and use the date of delivery for the Postpartum Care rate. |
| Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics | <ul style="list-style-type: none"> Added “cariprazine” to the description of “Second generation antipsychotic medications” in Table APP-A. |
| UTILIZATION | |
| Frequency of Ongoing Prenatal Care | <ul style="list-style-type: none"> Clarified the example calculation in step 4. |
| Well-Child Visits in the First 15 Months of Life | <ul style="list-style-type: none"> Clarified that services specific to the assessment or treatment of an acute or chronic condition do not count toward the measure. |
| Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life | <ul style="list-style-type: none"> Clarified that services specific to the assessment or treatment of an acute or chronic condition do not count toward the measure. |
| Adolescent Well-Care Visits | <ul style="list-style-type: none"> Clarified that services specific to the assessment or treatment of an acute or chronic condition do not count toward the measure. |