October 1, 2014

Dear Colleague:

NCQA is pleased to present the HEDIS®[1] 2015 *Volume 2: Technical Update.* With this release, NCQA freezes the technical specifications for Volume 2, with the exception of the Relative Resource Use (RRU) measures, the Plan All-Cause Readmissions (PCR) measure and measures that require pharmacy data—these will be final when the Standard Pricing Tables (SPT), risk-adjustment tables and National Drug Code (NDC) lists are posted on November 3, 2014.

This memo contains the following information:

- Random Number (RAND) table for HEDIS 2015.
- Corrections, policy changes and clarifications to HEDIS 2015 *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 1 version of the Value Set Directory (VSD) which will contain all coding changes. Refer to the *Volume 2 Summary of Changes* spreadsheet in the VSD to identify codes that were added or deleted.

Please note the following important licensing information: Uniform Bill Codes ("UB Codes") are protected under federal copyright laws and are owned by the American Hospital Association (AHA). 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 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. Software vendors and all others desiring to use the UB Codes in a commercial product to generate HEDIS results, or for any other use, must obtain a commercial use license directly from the AHA. To inquire about licensing, please contact ub04@healthforum.com.

Review all items in the table below and the attached document, 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://pcs.ncqa.org. We wish everyone a successful HEDIS data collection season!

Sincerely,

Cindy Ottone, MHA
Director, Policy

Enclosure

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[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	.17
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents	.35
Childhood Immunization Status	.99*
Immunizations for Adolescents	.26
Human Papillomavirus Vaccine for Female Adolescents	.68
Lead Screening in Children	.31*
Cervical Cancer Screening	.86
Colorectal Cancer Screening	.24
Care for Older Adults	.73
Controlling High Blood Pressure	.66
Comprehensive Diabetes Care	.06
Medication Reconciliation Post-Discharge	.81
Prenatal and Postpartum Care *and* Frequency of Ongoing Prenatal Care	.93**
Well-Child Visits in the First 15 Months of Life (Medicaid only)	.15
Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life (Medicaid only)	.63
Adolescent Well-Care Visits (Medicaid only)	.34
Weeks of Pregnancy at Time of Enrollment	.11

* 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 2015 *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
3	What's New in Volume 2?	First-year measure evaluation	Replace the text in this section with the following text: The following HEDIS 2014 *first-year measures* will be publicly reported for HEDIS 2015. • *Non-Recommended Cervical Cancer Screening in Adolescent Females.* • *Cervical Cancer Screening.* • *Flu Vaccinations for Adults Ages 18–64 (Medicaid only).*
30-31	General Guideline 41	Measures That Require Results From the Most Recent Test	Replace the fourth paragraph with the following text: Multiple dates of service may be associated with a single lab test. For example, a laboratory test may have a collection date (i.e., the date when the specimen was drawn), a reported date (i.e., the date when results were calculated and reported) and a claim date (i.e., the date of service on the claim). Because of this, the "result" may not be associated with the most recent date. An organization may consider all events with dates no more than seven days apart to be the *same* test and may use the result associated with that event (even if it is not the most recent date of service). If there are two or more events with results, the most recent result must be used. The most recent date among all events must be in the timeframe specified by the measure and must be used for reporting. For example, a test with a collection date of December 1 and a reported date of December 8 may be considered the same test and the most recent date of December 8 must be used for reporting. Tests with dates more than seven days apart are considered different tests; the most recent must be used.
31	General Guideline 44	Collecting Data for Measures With Multiple Numerator Events	Replace the text in the second bullet with the following text: • *Well-Child Visits in the First 15 Months of Life.*
32	General Guideline 46	Identifying Events/Diagnoses Using Laboratory or Pharmacy Data	Replace the last sentence in the first paragraph with the following text: Laboratory claims and data may be used only for the Lab Panel Value Set, the Obstetric Panel Value Set, the Pregnancy Tests Value Set, the Sexual Activity Value Set (which do not contain LOINC[3] codes) and value sets that contain LOINC codes.
44	Guidelines for Calculations and Sampling	Table 2: Sample Sizes When Data Are Available on the Product Line Being Measured	Replace the second bullet in the *Note* section with the following text: • For the commercial and Medicaid product lines, the Comprehensive Diabetes Care sample size is 548. The intent of this sample size is to achieve a sample of at least 411 for the HbA1c Control <7.0% for a Selected Population denominator after the required exclusions are applied. The organization may reduce the sample size using the lowest rate among the 7 indicators calculated from the current year's administrative rate or the prior year's reported rate, but it must maintain the applicable sample size listed in Table 2 in the HbA1c Control <7.0% for a Selected Population denominator after the required exclusions are applied. For example, if the organization's lowest audited CDC rate reported in the prior year is 70 percent, the sample size may not fall below 348 for all 7 indicators (including the HbA1c Control <7% for a Selected Population indicator, after removing required exclusions). ***Note:*** *Organizations may not reduce the sample size based on the three indicators that were retired for HEDIS 2015.*

Page	Measure/Guideline	Head/Subtitle	Update
65	Childhood Immunization Status	Numerators: MMR	Replace the second, third and fourth bullets with the following text: • At least one measles and rubella vaccination (Measles/Rubella Vaccine Administered Value Set) ***and*** at least one mumps vaccination *or* history of the illness (Mumps Vaccine Administered Value Set; Mumps Value Set) on the same date of service or on different dates of service. • At least one measles vaccination *or* history of the illness (Measles Vaccine Administered Value Set; Measles Value Set) ***and*** at least one mumps vaccination *or* history of the illness (Mumps Vaccine Administered Value Set; Mumps Value Set) ***and*** at least one rubella vaccination *or* history of the illness (Rubella Vaccine Administered Value Set; Rubella Value Set) on the same date of service or on different dates of service.
81	Cervical Cancer Screening	Numerator—Step 2	Replace the last sentence with the following text: For example, if the service date for cervical cytology was December 1 of the measurement year, then the HPV test must include a service date on or between November 27 and December 5 of the measurement year.
90	Chlamydia Screening in Women	Event/diagnosis—Claim/ encounter data	Add the following bullet: • Pregnancy Tests Value Set.
90	Chlamydia Screening in Women	Exclusion *(optional)*	Replace the text in this section with the following text: Exclude members who qualified for the denominator based on a pregnancy test (Pregnancy Tests Value Set) alone ***and*** who meet either of the following: • A pregnancy test (Pregnancy Test Exclusion Value Set) during the measurement year followed within seven days (inclusive) by a prescription for isotretinoin (Table CHL-E). • A pregnancy test (Pregnancy Test Exclusion Value Set) during the measurement year followed within seven days (inclusive) by an x-ray (Diagnostic Radiology Value Set).
92	Non-Recommended PSA-Based Screening in Older Men	Eligible Population—Required exclusions	Replace the third bullet in this section with the following text: • A PSA test (PSA Test Exclusion Value Set) during the year prior to the measurement year, where laboratory data indicate an elevated result (>4.0 nanograms/milliliter [ng/mL]).
121	Use of Appropriate Medications for People With Asthma	Eligible Population—Event/ diagnosis—*Step 2*	Replace the text in this section with the following text: A member identified as having persistent asthma because of at least four asthma medication dispensing events, where leukotriene modifiers or antibody inhibitors were the sole asthma medication dispensed in that year, must also have at least one diagnosis of asthma (Asthma Value Set), in any setting, in the same year as the leukotriene modifier or antibody inhibitor (i.e., the measurement year or the year prior to the measurement year).
125	Medication Management for People With Asthma	Eligible Population—Event/ diagnosis—*Step 2*	Replace the text in this section with the following text: A member identified as having persistent asthma because of at least four asthma medication dispensing events, where leukotriene modifiers or antibody inhibitors were the sole asthma medication dispensed in that year, must also have at least one diagnosis of asthma (Asthma Value Set), in any setting, in the same year as the leukotriene modifier or antibody inhibitor (i.e., the measurement year or the year prior to the measurement year).
129	Asthma Medication Ratio	Eligible Population—Event/ diagnosis—*Step 2*	Replace the text in this section with the following text: A member identified as having persistent asthma because of at least four asthma medication dispensing events, where leukotriene modifiers or antibody inhibitors were the sole asthma medication dispensed in that year, must also have at least one diagnosis of asthma (Asthma Value Set), in any setting, in the same year as the leukotriene modifier or antibody inhibitor (i.e., the measurement year or the year prior to the measurement year).

Page	Measure/Guideline	Head/Subtitle	Update
138	Persistence of Beta-Blocker Treatment After a Heart Attack	Eligible Population—Continuous enrollment	Replace the text in this section with the following text: Discharge date through 179 days after discharge.
181	Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications	Eligible Population—*Step 2: Required exclusions*	Replace the first bullet in the *Claim/encounter data* section with the following text: • At least two outpatient visits (Outpatient Value Set), observation visits (Observation Value Set), ED visits (ED Value Set) or nonacute inpatient encounters (Nonacute Inpatient Value Set) on different dates of service, with a diagnosis of diabetes (Diabetes Value Set). Visit type need not be the same for the two visits.
181	Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications	Eligible Population—*Step 2: Required exclusions*	Delete the third bullet in the *Claim/encounter data* section that reads: • At least one ED encounter (ED Value Set) with a diagnosis of diabetes (Diabetes Value Set).
249	Prenatal and Postpartum Care	Note	Add the following text to the end of the fourth bulleted note: *The LMP may not be used to determine the first trimester.*
320	Plan All-Cause Readmissions	Administrative Specification—Denominator—*Step 3*	Replace the text in this step with the following text: Exclude hospital stays where the Index Admission Date is the same as the Index Discharge Date.
321	Plan All-Cause Readmissions	Administrative Specification—Denominator—*Step 7*	Replace the text in this step with the following text: Assign each acute inpatient stay to an age category. Refer to Table PCR-A-2/3 and Table PCR-B-3.
326	Plan All-Cause Readmissions	Reporting: Denominator	Replace the text in this section with the following text: Count the number of IHS for each age and enter these values into the reporting table.
326	Plan All-Cause Readmissions	Reporting: Risk Adjustment—*Step 1*	Replace the text in this step with the following text: Calculate the average adjusted probability for each IHS for each age and the overall total. Organizations must calculate the probability of readmission for each hospital stay within the applicable age group to calculate the average (which is reported to NCQA). For the total age category, the probability of readmission for all hospital stays in the age categories must be averaged together; organizations cannot take the average of the average adjusted probabilities reported for each age.
326	Plan All-Cause Readmissions	Reporting: Risk Adjustment—*Step 3*	Replace the text in this step with the following text: Calculate the total (sum) variance for each age and the overall total.
326	Plan All-Cause Readmissions	Reporting: Numerator	Replace the text in this section with the following text: Count the number of IHS with a readmission within 30 days for each age and enter these values into the reporting table.