



October 1, 2008

Dear Colleague:

NCQA is pleased to present the *HEDIS^{®1} 2009, Volume 2: Technical Update*. With this release, NCQA freezes the technical specifications for HEDIS 2009 Volume 2. The only measures not frozen are those that require pharmacy data and the Relative Resource Use (RRU) measures. These measures will be final on November 14, 2008, when the NDC lists and Standard Pricing Tables (SPT) are posted.

This memo includes the following information.

- Random Number (RAND) table for HEDIS 2009
- Corrections, policy changes and clarifications to *HEDIS 2009, Volume 2: Technical Specifications*
- An announcement and attachment about the *Comprehensive Diabetes Care—HbA1c* specification

As you may be aware, two widely publicized studies from ACCORD (Action to Control Cardiovascular Risk in Diabetes) and ADVANCE (Action in Diabetes and Vascular Disease) raised concerns about patient safety related to aggressive HbA1c management.

Although the level of HbA1c control studied in the ACCORD and ADVANCE clinical trials was substantially lower than NCQA's target of 7.0 percent in the *Comprehensive Diabetes Care (CDC)* measure, NCQA will remove this indicator from public reporting for HEDIS 2008. In consultation with its Committee on Performance Measurement (CPM) and a panel of diabetes experts, NCQA examined the underlying data closely and monitored developments. With guidance from the two groups, NCQA has decided to add an indicator for HbA1c <8 and refine the indicator for HbA1c <7 by adding exclusions for members within a specific age cohort and with certain comorbid conditions.

Both indicators (HbA1c <8 and HbA1c <7) will be first-year measures in HEDIS 2009 and will not be publicly reported. The Diabetes Expert Panel and CPM concluded that the >9 measure is still critical as an indicator of poor control; the <7 measure is an indicator of good control for a selected group; and the <8 measure is an indicator of adequate control for those for whom the <7 measure may be too stringent.

The measure now uses a sample size of 548, which will allow for approximately 411 members to be included in the HbA1c <7 indicator. This sampling method will allow statistical comparison across plans for all indicators in the measure. The CDC specification is included as an attachment to this memo.

Plans received detailed results for the RRU measures in September. To give plans an extra year of experience and performance analysis on these measures, we will not publicly report plan-level results for RRU measures in HEDIS 2009.

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Please review all items in the attached documents 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 this *Technical Update* or about other measure specifications, contact us through our Policy Clarification Support (PCS) System at www.ncqa.org/pcs or by phone at 888-275-7585.

We wish everyone a successful HEDIS data collection season!

Sincerely,

A handwritten signature in cursive script, appearing to read "Cindy Ottone".

Cindy Ottone, MHA
Director, Policy

Enclosure

Random Number (RAND) Table for Measures Using the Hybrid Method

Measure	RAND
Adult BMI Assessment	.97
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents	.15
Childhood Immunization Status	.35*
Lead Screening in Children	.43*
Cervical Cancer Screening	.45
Colorectal Cancer Screening	.71
Care for Older Adults	.55
Cholesterol Management for Patients With Cardiovascular Conditions	.82
Controlling High Blood Pressure	.49
Comprehensive Diabetes Care	.21
Medication Reconciliation Post-Discharge	.62
Prenatal and Postpartum Care <i>and</i> Frequency of Ongoing Prenatal Care	.26**
Well-Child Visits in the First 15 Months of Life	.75
Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life	.93
Adolescent Well-Care Visits	.30
Weeks of Pregnancy at Time of Enrollment	.08

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

** The Random Numbers for *Prenatal and Postpartum Care* and *Frequency of Ongoing Prenatal Care* measures are the same. These measures are collected on the same denominator.

Specification Updates

This document contains corrections, policy changes and clarifications to *HEDIS 2009 Volume 2, Technical Specifications*. NCQA has identified the appropriate page number, measure or guideline and head/subtitle for each item. NCQA's operational definitions for corrections/policy changes and clarifications are as follows.

- *Correction/Policy Change*: A correction made to an error in the 2009 specifications or notification of a revised requirement
- *Clarification*: Additional information that clarifies an existing 2009 measure or guideline.

Page	Measure/Guideline	Head/Subtitle	Issue	Correction/Policy Change	Clarification
4	What's New in Volume 2	First-year measure evaluation	The following HEDIS 2008 first-year measures will be publicly reported for HEDIS 2009. <ul style="list-style-type: none"> • <i>Lead Screening in Children</i> • <i>Pharmacotherapy Management of COPD Exacerbation</i> 		✓
12	HEDIS Reporting for Accreditation	Reporting units with <15,000 members	Replace "Small Denominator (SD) or No Benefit (NB)" with "Small Denominator (NA) or Benefit Not Offered (NB)" in the first bullet.	✓	
17	General Guideline 10	Reporting	Replace the Audit tables <i>For HEDIS Measures</i> and <i>For Survey Measures</i> with the following. <p>...for HEDIS measures</p> <ul style="list-style-type: none"> • A rate or numeric result. The organization followed the specifications and produced a reportable rate or result for the measure. • <i>Small Denominator (NA)</i>. The organization followed the specifications but the denominator was too small (<30) to report a valid rate. • <i>Benefit Not Offered (NB)</i>. The organization did not offer the health benefit required by the measure (e.g., mental health, chemical dependency). • <i>Not Reportable (NR)</i>. The organization calculated the measure but the rate was materially biased or the organization chose not to report the measure. <p>...for Survey Sample Frames</p> <ul style="list-style-type: none"> • <i>Reportable (R)</i>. The survey sample frame was reviewed and approved. • <i>Not Reportable (NR)</i>. Indicates the survey sample frame was incomplete or materially biased, or an NCQA-Certified Survey Vendor did not administer the survey. <p><i>Note: NCQA decided to delay the audit result changes until HEDIS 2010.</i></p>	✓	

Page	Measure/Guideline	Head/Subtitle	Issue	Correction/Policy Change	Clarification
18	General Guideline 12	How Rotation Works	Add the following to the end of the paragraph. Organizations must report the related quality measure when reporting an RRU measure. Organizations that report an RRU measure may not rotate the related quality measure; for example, an organization that reports RCA may not rotate CMC.		✓
18	General Guideline 13	Criteria for Eligibility	Replace "SD audit result" with "NA audit result" in the fourth bullet.	✓	
22	General Guideline 29	Continuous Enrollment	Add the following as a fourth paragraph. Enrollment in a Medicare Private Fee-for-Service (PFFS) plan is considered a gap in HMO/POS and PPO enrollment.		✓
29	General Guideline 40	Member-reported data	Add the following biometric value example to the third bullet in the <i>Notes</i> section. • Body mass index (BMI)		✓
33	General Guideline 47	Identifying Events/Diagnoses Using Laboratory Data	Add an asterisk at the end of the first sentence and the following text to the end of the guideline. *Laboratory claims can be used for any table that contains LOINC codes (e.g., CHL).		✓
43	Guidelines for Calculations and Sampling	Table 1: Sample Size Information for Hybrid Measures	Replace the "Y" with an "N" in the <i>Comprehensive Diabetes Care</i> row. Replace footnote 5 with the following text. Due to the change in the <i>Comprehensive Diabetes Care</i> measure specifications, the sample size for this measure may not be reduced for the HEDIS 2009 reporting year.	✓	
61	Adult BMI Assessment	Numerator—Medical record	Add "on the date of service" after "19 years" in the second paragraph.		✓
62	Adult BMI Assessment	Table ABA-1/2/3: Data Elements for Adult BMI Assessment	Add the following two rows to the table. Number of administrative data records excluded (with a ✓ in the Hybrid column). Number of medical records excluded (with a ✓ in the Hybrid column)		✓
63	Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents	Eligible Population—Ages	Replace "2-17 years" with "3-17 years" in the first sentence. Replace "2-11 years" with "3-11 years" in the first bullet.		✓

Page	Measure/Guideline	Head/Subtitle	Issue	Correction/Policy Change	Clarification
64	Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents	Table WCC-B	Replace CPT codes 97802-9780 with 97802-97804.		✓
65	Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents	BMI Percentile—Medical record	Add “on the date of service” after “16-17 years” in the second paragraph.		✓
67	Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents	Table WCC-1/2: Data Elements for Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents	Add the following two rows to the table. Number of administrative data records excluded (with a ✓ in the Hybrid column). Number of medical records excluded (with a ✓ in the Hybrid column)		✓
70	Childhood Immunization Status	Table CIS-A	Delete CPT codes 90702, 90703, 90719. Delete ICD-9-CM Procedure codes 99.36, 99.38. <i>Rationale: Because the member needs 4 DTaP for numerator compliance and because the vaccine for acellular pertussis antigen only is no longer produced, these codes cannot be used to demonstrate numerator compliance.</i>		✓
78	Cervical Cancer Screening	Table CCS-A	Delete HCPCS code G0101.		✓
82	Colorectal Cancer Screening	Table COL-A	Add LOINC code 50196-5 in <i>FOBT</i> row.		✓
83	Colorectal Cancer Screening	Numerator – Medical record	Replace the first bullet with the following. <ul style="list-style-type: none"> If the medical record indicates that fewer than three samples were returned but does not indicate the type of test, the member does not meet the criteria for inclusion in the numerator. Replace the second bullet with the following. <ul style="list-style-type: none"> If the medical record indicates the type of test but does not indicate how many samples were returned, assume that the required number of samples was returned. 		✓

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Page	Measure/Guideline	Head/Subtitle	Issue	Correction/Policy Change	Clarification
86	Chlamydia Screening in Women	Table CHL-B	Add LOINC codes 34147-9, 34954-8, 40679-3, 40680-1, 41273-4, 41274-2, 43305-2, 43403-5, 43798-8, 44543-7, 44544-5, 44546-0, 44547-8, 44549-4, 44550-2, 44806-8, 44807-6, 45067-6, 45068-4, 45069-2, 45070-0, 45074-2, 45076-7, 45078-3, 45080-9, 45084-1, 45091-6, 45095-7, 45098-1, 45100-5, 45327-4, 45331-6, 45332-4, 46731-6, 46989-0, 47211-8, 47212-6, 47236-5, 47237-3, 47238-1, 47387-6, 48030-1, 48039-2, 48560-7, 48781-9, 49096-1, 49246-2, 49318-9, 49891-5, 49896-4, 50387-0, 50388-8, 50690-7, 51838-1, 51839-9. Delete LOINC codes 16602-5, 20993-2, 23908-7.		✓
87	Chlamydia Screening in Women	Table CHL-C	Add LOINC codes 44806-8, 44807-6, 45067-6, 45068-4, 45069-2, 45070-0, 45074-2, 45076-7, 45078-3, 45080-9, 45084-1, 45091-6, 45095-7, 45098-1, 45100-5, 47211-8, 47212-6, 49096-1, 50387-0. Delete LOINC codes 16602-5, 20993-2.		✓
90	Care for Older Adults	Table COA-A	Add CPT Category II codes 1157F and 1158F.		✓
91	Care for Older Adults	Table COA-B	Delete HCPCS code G8530. Add CPT Category II code 1160F.		✓
91	Care for Older Adults	Table COA-C	Add CPT Category II code 1159F.		✓
91	Care for Older Adults	Table COA-D	Add CPT Category II code 1170F to the <i>Functional status assessment</i> row.		✓
91	Care for Older Adults	Pain Screening	Replace text with the following. At least one pain screening or pain management plan during the measurement year. A member had a pain screening if a submitted claim/encounter contains any code in Table COA-E. Insert a new <i>Table COA-E: Codes to Identify Pain Screening</i> immediately prior to the <i>Hybrid Specification</i> , with the following coding additions. Add CPT Category II codes 1125F, 1126F and 0521F.		✓
99	Appropriate Testing for Children With Pharyngitis	Table CWP-D	Add LOINC code 49610-9. Delete LOINC code 11475-1.		✓

Page	Measure/Guideline	Head/Subtitle	Issue	Correction/Policy Change	Clarification
114	Use of Appropriate Medications for People With Asthma	Definitions—Dispensing Event	Add the following sentence to the end of the paragraph. For two different prescriptions dispensed on the same day, sum the days supply to determine the number of dispensing events.		✓
134-148	Comprehensive Diabetes Care	Throughout the measure specification	See attached specification. All changes are <u>underlined</u> .	✓	
138	Comprehensive Diabetes Care	Table CDC-J	Add LOINC codes 47558-2, 49023-5, 50561-0, 50949-7, 53121-0, 53525-2, 53530-2, 53531-0, 53532-8.		✓
140	Comprehensive Diabetes Care	Table CDC-K	Add LOINC codes 50556-0, 50561-0, 50564-4 to the <i>Urine macroalbumin test</i> row.		✓
152	Osteoporosis Management in Women Who Had a Fracture	Summary of Changes	Replace CPT codes 27267-26269 with 27267-27269 in the first bullet.		✓
153	Osteoporosis Management in Women Who Had a Fracture	Table OMW-A	Add CPT codes 26600, 26605, 26607, 26608, 26615, 28400, 28405, 28406, 28415, 28420, 28430, 28435, 28436, 28445, 28450, 28455, 28456, 28465, 28470, 28475, 28476, 28485, 29850, 29851, 29855, 29856.		✓
154	Osteoporosis Management in Women Who Had a Fracture	Table OMW-C	Add a third column labeled <i>J Codes</i> . Add J code J3488 to the <i>Biphosphonates</i> row.		✓
155	Use of Imaging Studies for Low Back Pain	Definitions—Negative Diagnosis History	Delete the “LBP-B” reference from the parentheses.		✓
162	Antidepressant Medication Management	Table AMM-B: Acute inpatient and Nonacute inpatient descriptions	Delete both the <i>Acute inpatient</i> and <i>Nonacute inpatient</i> rows of the table, including all CPT and UB Revenue codes. <i>Rationale: The organization can use its own methodology to identify acute and nonacute inpatient discharges for this measure.</i>		✓
162	Antidepressant Medication Management	Table AMM-B: Outpatient, intensive outpatient and partial hospitalization description	Add POS codes 03, 09, 13, 14, 33. Replace CPT codes 99341-99397 with 99394-99397. Delete the comma after UB Revenue code 0519 so that the table contains the range 0519-0523. Add UB Revenue code 0901.		✓

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Page	Measure/Guideline	Head/Subtitle	Issue	Correction/Policy Change	Clarification
164	Antidepressant Medication Management	Add a <i>Note</i> section immediately prior to the <i>Data Elements for Reporting</i> section	<i>Note:</i> Organizations may have different methods for billing intensive outpatient encounters and partial hospitalizations. Some methods may be comparable to outpatient billing with separate claims for each date of service; others may be comparable to inpatient billing, with an admit date, a discharge date and units of service. Organizations whose billing methods are comparable to inpatient billing may count each unit of service as an individual visit. The unit of service must have occurred during the time frame specified (i.e., during the Intake Period).		✓
167	Follow-Up Care for Children Prescribed ADHD Medication	Table ADD-C	Add POS codes 03, 09, 13, 14, 33 to the POS cell in the table that currently includes POS codes 05, 07, 11 (etc).		✓
171	Follow-Up After Hospitalization for Mental Illness	Table FUH-B	Add UB Type of Bill code 28x to the <i>SNF</i> row.		✓
172	Follow-Up After Hospitalization for Mental Illness	Table FUH-C	Add POS codes 03, 09, 13, 14, 33 to the POS cell in the table that currently includes POS codes 05, 07, 11 (etc.).		✓
174	Annual Monitoring for Patients on Persistent Medications	Throughout the measure specification	Throughout the measure specification replace "a 180-days supply" with "180 treatment days."		✓
174	Annual Monitoring for Patients on Persistent Medications	Event/diagnosis	Replace the second paragraph with the following. Treatment days are the actual number of calendar days covered with prescriptions within the measurement year (i.e., a prescription of 90 days supply dispensed on December 1 of the measurement year counts as 31 treatment days).		✓
175	Annual Monitoring for Patients on Persistent Medications	MPM-A	Add LOINC codes 39789-3, 39790-1, 41656-0, 45064-3, 45065-0, 50261-7, 51618-7 to the <i>Serum potassium (K+)</i> row. Add LOINC codes 31045-8, 35203-9, 39955-0, 39956-8, 39957-6, 39958-4, 39959-2, 39960-0, 39961-8, 39962-6, 39963-4, 39964-2, 39965-9, 39966-7, 39967-5, 39968-3, 39969-1, 39970-9, 39971-7, 39972-5, 39973-3, 39974-1, 39975-8, 39976-6, 40112-5, 40113-3, 40114-1, 40115-8, 40116-6, 40117-4, 40118-2, 40119-0, 40120-8, 40121-6, 40122-4, 40123-2, 40124-0, 40125-7, 40126-5, 40127-3, 40128-1, 40248-7, 40249-5, 40250-3, 40251-1, 40252-9, 40253-7, 40254-5, 40255-2, 40256-0, 40257-8, 40258-6, 40264-4, 40265-1, 40266-9, 40267-7, 40268-5, 40269-3, 40270-1, 40271-9, 40272-7, 40273-5, 44784-7, 45064-3, 45065-0, 45066-8, 50261-7, 50380-5, 50381-3, 51619-5, 51620-3 to the <i>Serum creatinine (SCr)</i> row. Add LOINC codes 44734-2, 45064-3, 45065-0, 49071-4, 50261-7 to the <i>Blood urea nitrogen (BUN)</i> row.		✓

Page	Measure/Guideline	Head/Subtitle	Issue	Correction/Policy Change	Clarification
177	Annual Monitoring for Patients on Persistent Medications	Table MPM-E	Add LOINC code 40460-8 to the <i>Drug serum concentration for phenytoin</i> row. Add LOINC code 47097-1 to the <i>Drug serum concentration for carbamazepine</i> row.		✓
180	Medication Reconciliation Post-Discharge	Table MRP-A	Add CPT Category II code 1111F.		✓
180	Medication Reconciliation Post-Discharge	Add a new <i>Note</i> section immediately prior to the <i>Data Elements for Reporting</i> section	<ul style="list-style-type: none"> For the MRP measure, the hybrid denominator is based on episodes, not members. Members may appear more than once in the sample. The denominator is based on the discharge date found in administrative/claims data. This date must be used, regardless of any subsequent data errors or corrections found during medical record review. Only documentation in the outpatient chart meets the intent of the measure. A medication list in a discharge summary obtained from the hospital or inpatient chart should not be used as evidence of medication reconciliation, but if this discharge summary is in the outpatient chart, this meets the intent of the measure. 		✓
189	Use of High-Risk Medications in the Elderly	Table DAE-A	Refer to the Addendum at the end of this memo.		✓
206	Adults' Access to Preventive/Ambulatory Health Services	Eligible Population—Ages	Add “and a total rate” at the end of the second sentence. Add a fourth bullet and the following sentence below the bullets. <ul style="list-style-type: none"> Total. The total rate is the sum of the three numerators divided by the sum of the three denominators. 	✓	
207	Adults' Access to Preventive/Ambulatory Health Services	Data Elements for Reporting	Replace all references of <i>For each age stratification</i> with <i>For each age stratification and total</i> .	✓	
214	Initiation and Engagement of Alcohol and Other Drug Dependence Treatment	Table IET-B	Add POS codes 03, 09, 13, 14, 33 to the POS cell in the table that currently includes POS codes 05, 07, 11 (etc.).		✓

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Page	Measure/Guideline	Head/Subtitle	Issue	Correction/Policy Change	Clarification
220-223	Prenatal and Postpartum Care	Table PPC-C—Decision Rule 2 <i>and</i> Decision Rule 3	<p>Perform the following for both Decision Rule 2 and Decision Rule 3.</p> <p>Add LOINC codes 47307-4, 45326-6, 47363-7, 47430-4, 49539-0, 52976-8, 52984-2 to the <i>Cytomegalovirus</i> row.</p> <p>Add LOINC codes 43180-9, 44008-1, 44480-2, 44494-3, 44507-2, 45210-2, 47230-8, 48784-3, 49848-5, 50758-2, 51915-7, 51916-5, 52977-6, 52981-8, 53377-8, 53560-9 to the <i>Herpes simplex</i> row.</p> <p>Add LOINC codes 40667-8, 43810-1, 49107-6, 50694-9, 51931-4, 52986-7 to all <i>Rubella</i> rows.</p> <p>Add LOINC codes 40697-5, 41123-1, 41124-9, 47389-2, 47390-0 to the <i>Toxoplasma</i> row.</p> <p>Delete LOINC codes 15396-5, 23484-9, 24398-0, 24399-8, 33337-7, 40676-9 from the <i>Toxoplasma</i> row.</p>		✓
252	Well-Child Visits in the First 15 Months of Life	Eligible Population—Continuous Enrollment	<p>Replace the last sentence with the following.</p> <p>For example, a child born on January 9, 2007, and included in the rate of “six or more well-child visits” must have had six well-child visits by April 8, 2008.</p>		✓
288	Identification of Alcohol and Other Drug Services	Table IAD-D	Add POS codes 03, 09, 13, 14, 33 to the POS cell in the table.		✓
293	Mental Health Utilization	Table MPT-D	Add POS codes 03, 09, 13, 14, 33 to the POS cell in the table.		✓
335	Relative Resource Use for People With Diabetes	Table RDI -H	Add UB Type of Bill code 28x to the <i>SNF</i> row.		✓
339	Relative Resource Use for People With Asthma	Definitions—Dispensing Events	<p>Replace the last sentence with the following.</p> <p>For two different prescriptions dispensed on the same day, sum the days supply to determine the number of dispensing events.</p>		✓
349	Relative Resource Use for People With Acute Low Back Pain	Table RLB-A	<p>Remove buprenorphine from the <i>Analgesics</i> description.</p> <p>Remove ibuprofen from the <i>NSAIDs</i> description.</p> <p>Add piroxicam to the <i>NSAIDs</i> list of prescriptions.</p>		✓
352	Relative Resource Use for People With Acute Low Back Pain	Total Standard Cost (PMPM) and Total Service Frequency (per 1,000 MY), Age and Gender	Under <i>Total Service Frequency</i> add a column labeled “MRIs/1,000 MY.”		✓

Addendum: Table DAE-A: High-Risk Medications

- Purchasers of the Volume 2 printed publication must add the following table to the measure specification.
- Purchasers of the Volume 2 e-pub should check if any of these rows were omitted.

Description	Prescription
Oral hypoglycemics	<ul style="list-style-type: none"> • chlorpropamide
Narcotics (includes combination drugs)	<ul style="list-style-type: none"> • ASA/caffeine/propoxyphene • acetaminophen-pentazocine • acetaminophen-propoxyphene • belladonna-opium • meperidine • meperidine-promethazine • naloxone-pentazocine • pentazocine • propoxyphene hydrochloride • propoxyphene napsylate
Vasodilators	<ul style="list-style-type: none"> • cyclandelate • dipyridamole—short-acting only • ergot mesyloid • isoxsuprine
Others (including androgens and anabolic steroids, thyroid drugs, urinary anti-infectives)	<ul style="list-style-type: none"> • methyltestosterone • nitrofurantoin • nitrofurantoin macrocrystals • nitrofurantoin macrocrystals-monohydrate • thyroid desiccated