## Summary Table of Measure Changes

<table>
<thead>
<tr>
<th>Measure Name</th>
<th>Changes</th>
</tr>
</thead>
<tbody>
<tr>
<td>Guidelines for Physician Measurement</td>
<td>• Revised the Systematic Sampling Methodology to require organizations to report using the Minimum Required Sample Size (MRSS). Reporting using a Final Sample Size (FSS) is no longer permitted.</td>
</tr>
<tr>
<td><strong>Effectiveness of Care</strong></td>
<td></td>
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<tr>
<td>Adult BMI Assessment</td>
<td>• Clarified that the pregnancy optional exclusion should be applied to only female patients</td>
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</tbody>
</table>
| Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents | • Clarified that the pregnancy optional exclusion should be applied to only female patients.  
  • Clarified in the Notes that documentation related to a patient’s “appetite” does not meet criteria for Counseling for Nutrition. |
| Childhood Immunization Status                                                | • No changes to this measure.                                                                                                                                                                         |
| Immunizations for Adolescents                                               | • Added a two-dose HPV vaccination series                                                                                                                                                             |
| Lead Screening in Children                                                   | • No changes to this measure.                                                                                                                                                                          |
| Breast Cancer Screening                                                     | • Added digital breast tomosynthesis as a method for meeting numerator criteria.  
  • Revised the Note section.                                                                                                                                                                          |
| Cervical Cancer Screening                                                   | • No changes to this measure.                                                                                                                                                                          |
| Colorectal Cancer Screening                                                 | • No changes to this measure.                                                                                                                                                                          |
| Chlamydia Screening in Women                                                | • Replaced medication table references with references to medication lists                                                                                                                                 |
| Care for Older Adults                                                       | • Clarified that codes must be on the same claim for the Medication Review Indicator (Electronic Specification).  
  • Added the continence ADL to the list of acceptable ADLs for medical record documentation of the Functional Status Assessment numerator.  
  • Clarified that notation alone that cranial nerves were assessed does not meet criteria for the sensory ability component for the Functional Status Assessment numerator.  
  • Clarified the requirements for the speech component (sensory ability) for the Functional Status Assessment numerator.  
  • Replaced the TCM 7 Day Value Set and TCM 14 Day Value Set with the Transitional Care Management Services Value Set (the value sets were combined, but codes are unchanged). |
<table>
<thead>
<tr>
<th>Topic</th>
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</table>
| Appropriate Testing for Children with Pharyngitis                    | • Revised the episode date to allow for multiple diagnoses of pharyngitis and to exclude patients who had other diagnoses on the same date of service.  
• Clarified how to identify an ED visit or observation visit that resulted in an inpatient stay.  
• Replaced medication table references with references to medication lists. |
| Use of Spirometry Testing in the Assessment and Diagnosis of COPD     | • Clarified how to identify an ED visit or observation visit that resulted in an inpatient stay. |
| Pharmacotherapy Management of COPD Exacerbation                       | • Replaced medication table references with references to medication lists.  
• Clarified in steps 2 and 4 that the intent is to identify all episodes (multiple episodes on the same episode date are separate episodes).  
• Clarified how to identify ED visits that resulted in an inpatient stay.  
• Clarified that a “direct transfer” is when the discharge date from the first inpatient setting precedes the admission date to a second inpatient setting by one calendar day or less.  
• Added “Cortisone-acetate” to the description of “Glucocorticoids” in the Systemic Corticosteroid Medications List. |
| Medication Management for People with Asthma                          | • Replaced references to “injection dispensing event” with “injection or intravenous dispensing event.”  
• Replaced medication table references with references to medication lists.  
• Removed reporting for patients 65–85 years of age.  
• Added “Anti-interleukin-5” as a new medication class in the Asthma Controller Medications List. |
| Asthma Medication Ratio                                               | • Replaced references to “injection dispensing event” with “injection or intravenous dispensing event.”  
• Updated the definition of “Units of medications.”  
• Replaced medication table references with references to medication lists.  
• Removed Medicare reporting.  
• Removed commercial reporting for the 65–85 age group.  
• Added “Anti-interleukin-5” as a new medication class in the Asthma Controller Medications List. |
| Controlling High Blood Pressure                                       | • Clarified that the pregnancy optional exclusion should be applied to only female patients.  
• Replaced medication table references with references to medication lists.  
• Added a diagnosis code to the denominator to be used when confirming the diagnosis of hypertension.  
• Revised the language in step 1 of the numerator and added Notes clarifying the intent when excluding BP readings from the numerator. |
| Persistence of Beta-Blocker Treatment After a Heart Attack            | • Clarified that a “direct transfer” is when the discharge date from the first inpatient setting precedes the admission date to a second inpatient setting by one calendar day or less.  
• Replaced medication table references with references to medication lists.  
• Clarified the calculation of treatment days in the numerator. |
| Statin Therapy for Patients with Cardiovascular Conditions            | • Clarified that the pregnancy required exclusion should be applied to only female patients.  
• Replaced medication table references with references to medication lists. |
| Comprehensive Adult Diabetes Care                                     | • Added bilateral eye enucleation to the Eye Exam (Retinal) Performed indicator.  
• Revised the language in step 1 of the BP Control < 140/90 mm Hg numerator and added Notes clarifying the intent when excluding BP readings from the numerator.  
• Clarified the medical record requirements for evidence of ACE inhibitor/ARB therapy (for the Medical Attention for Nephropathy indicator).  
• Replaced medication table references with references to medication lists. |
<table>
<thead>
<tr>
<th>Measure Change</th>
<th>Changes and Clarifications</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Statin Therapy for Patients with Diabetes</strong></td>
<td>• Added “sacubitril-valsartan” to the description of Antihypertensive combinations in the ACE Inhibitor/ARB Medications List.</td>
</tr>
<tr>
<td><strong>Disease Modifying Anti-Rheumatic Drug Therapy for Rheumatoid Arthritis</strong></td>
<td>• Clarified that the pregnancy required exclusion should be applied to only female patients.</td>
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<tr>
<td></td>
<td>• Added the Estrogen Agonists Medications List to step 2 in the event/diagnosis.</td>
</tr>
<tr>
<td></td>
<td>• Replaced medication table references with references to medication lists.</td>
</tr>
<tr>
<td><strong>Osteoporosis Management in Women Who Had a Fracture</strong></td>
<td>• Clarified that the pregnancy optional exclusion should be applied to only female patients.</td>
</tr>
<tr>
<td></td>
<td>• Replaced medication table references with references to medication lists.</td>
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<tr>
<td><strong>Antidepressant Medication Management</strong></td>
<td>• Replaced medication table references with references to medication lists.</td>
</tr>
<tr>
<td></td>
<td>• Added telehealth modifiers and telephone visits to the required exclusions (step 2).</td>
</tr>
<tr>
<td><strong>Follow-Up Care for Children Prescribed ADHD Medication</strong></td>
<td>• Clarified that visits billed with a telehealth modifier or with a telehealth POS code may not be used toward the Initiation Phase numerator.</td>
</tr>
<tr>
<td></td>
<td>• Replaced medication table references with references to medication lists.</td>
</tr>
<tr>
<td></td>
<td>• Added telehealth as eligible for one visit for the C&amp;M Phase.</td>
</tr>
<tr>
<td></td>
<td>• Clarified that for the C&amp;M Phase, visits must be on different dates of service.</td>
</tr>
<tr>
<td><strong>Follow-Up After Hospitalization for Mental Illness</strong></td>
<td>• Revised the measure to no longer include visits that occur on the date of discharge.</td>
</tr>
<tr>
<td></td>
<td>• Replaced the TCM 7 Day Value Set and TCM 14 Day Value Set with the Transitional Care Management Services Value Set (the value sets were combined, but codes are unchanged) for the 7-Day Follow-Up indicator.</td>
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<tr>
<td></td>
<td>• Added telehealth modifiers to the numerators. Note: For this measure, organizations are not required to differentiate between readmissions and direct transfers; therefore, the definition of direct transfer is not required.</td>
</tr>
<tr>
<td><strong>Follow-Up After Emergency Department Visit for Mental Illness</strong></td>
<td>• Clarified in the event/diagnosis that the patient must be 6 years or older on the date of the visit.</td>
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<tr>
<td></td>
<td>• Clarified in the event/diagnosis that removal of multiple visits in a 31-day period is based on eligible visits.</td>
</tr>
<tr>
<td></td>
<td>• Deleted the Telehealth Value Set and added telehealth modifiers to the numerators.</td>
</tr>
<tr>
<td><strong>Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence</strong></td>
<td>• Revised the measure name.</td>
</tr>
<tr>
<td></td>
<td>• Clarified in the event/diagnosis that the patient must be 13 years and older on the date of the visit.</td>
</tr>
<tr>
<td></td>
<td>• Clarified in the event/diagnosis that the removal of multiple visits in a 31-day period is based on eligible visits.</td>
</tr>
<tr>
<td></td>
<td>• Replaced the Telehealth Value Set with the Telephone Visits Value Set and the Online Assessments Value Set (the value set was split, but codes are unchanged).</td>
</tr>
<tr>
<td></td>
<td>• Added telehealth modifiers to the numerators.</td>
</tr>
<tr>
<td><strong>Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications</strong></td>
<td>• Replaced medication table references with references to medication lists.</td>
</tr>
<tr>
<td><strong>Diabetes Monitoring for People with Diabetes and Schizophrenia</strong></td>
<td>• Replaced medication table references with references to medication lists.</td>
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<table>
<thead>
<tr>
<th>Measure</th>
<th>Changes</th>
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<tbody>
<tr>
<td>Cardiovascular Monitoring for People with Cardiovascular Disease and Schizophrenia</td>
<td>No changes to this measure</td>
</tr>
<tr>
<td>Adherence to Antipsychotic Medications for Individuals with Schizophrenia</td>
<td>Replaced medication table references with references to medication lists.</td>
</tr>
<tr>
<td>Metabolic Monitoring for Children and Adolescents on Antipsychotics</td>
<td>Replaced medication table references with references to medication lists.</td>
</tr>
<tr>
<td>Annual Monitoring for Patients on Persistent Medications</td>
<td>Removed Rate 2 from the measure.</td>
</tr>
<tr>
<td></td>
<td>Replaced medication table references with references to medication lists.</td>
</tr>
<tr>
<td></td>
<td>Added “sacubitril-valsartan” to the description of Antihypertensive combinations in the ACE Inhibitor/ARB Medications List.</td>
</tr>
<tr>
<td>Medication Reconciliation Post-Discharge</td>
<td>Clarified in the hybrid specification that the current medication list must be documented in the outpatient medical record.</td>
</tr>
<tr>
<td></td>
<td>Clarified in the hybrid specification that the process the prescribing practitioner, clinical pharmacist or registered nurse uses to identify the patient’s current medications is outside of the scope of the measure specification.</td>
</tr>
<tr>
<td>Transitions of Care</td>
<td>First-year measure.</td>
</tr>
<tr>
<td>Follow-Up After Emergency Department Visit for People with High-Risk Multiple Chronic Conditions</td>
<td>First-year measure.</td>
</tr>
<tr>
<td>Non-Recommended Cervical Cancer Screening in Adolescent Females</td>
<td>No changes to this measure</td>
</tr>
<tr>
<td>Non-Recommended PSA-Based Screening in Older Men</td>
<td>Replaced medication table references with references to medication lists.</td>
</tr>
<tr>
<td>Appropriate Treatment for Children with Upper Respiratory Infection</td>
<td>Revised the episode date to allow for multiple diagnoses of URI and to exclude patients who had other diagnoses on the same date of service.</td>
</tr>
<tr>
<td></td>
<td>Clarified how to identify an ED visit or observation visit that resulted in an inpatient stay.</td>
</tr>
<tr>
<td></td>
<td>Replaced medication table references with references to medication lists.</td>
</tr>
<tr>
<td>Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis</td>
<td>Clarified how to identify an ED visit or observation visit that resulted in an inpatient stay.</td>
</tr>
<tr>
<td></td>
<td>Added the Other Malignant Neoplasm of Skin Value Set to step 3 of the event/diagnosis.</td>
</tr>
<tr>
<td></td>
<td>Replaced medication table references with references to medication lists.</td>
</tr>
<tr>
<td>Use of Imaging Studies for Low Back Pain</td>
<td>Replaced the Telehealth Value Set with the Telephone Visits Value Set and the Online Assessments Value Set (the value set was split, but codes are unchanged).</td>
</tr>
<tr>
<td></td>
<td>Added telehealth modifiers.</td>
</tr>
<tr>
<td></td>
<td>Added Other Malignant Neoplasm of Skin Value Set to the exclusions in step 4 of the event/diagnosis.</td>
</tr>
<tr>
<td></td>
<td>Replaced medication table references with references to medication lists.</td>
</tr>
<tr>
<td></td>
<td>Clarified how to identify an ED visit or observation visit that resulted in an inpatient stay.</td>
</tr>
<tr>
<td>Use of Multiple Concurrent Antipsychotics in Children and Adolescents</td>
<td>Replaced medication table references with references to medication lists.</td>
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</table>
## Summary Table of Measure Changes

<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
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<tbody>
<tr>
<td><strong>Potentially Harmful Drug-Disease Interactions in the Elderly</strong></td>
<td></td>
<td>● Replaced medication table references with references to medication lists.</td>
</tr>
<tr>
<td><strong>Use of High-Risk Medications in the Elderly</strong></td>
<td></td>
<td>● Replaced medication table references with references to medication lists.</td>
</tr>
<tr>
<td><strong>Access/ Availability of Care</strong></td>
<td><strong>Adults’ Access to Preventive/Ambulatory Health Services</strong></td>
<td>● No changes to this measure.</td>
</tr>
<tr>
<td></td>
<td><strong>Children’s and Adolescents’ Access to Primary Care Practitioners</strong></td>
<td>● No changes to this measure.</td>
</tr>
</tbody>
</table>
| | **Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment** | ● Revised the measure name.  
● Revised the timeframe for the intake period.  
● Added reporting for indicators by age and diagnosis.  
● Clarified that for ED visits resulting in an inpatient stay, an AOD diagnosis is not required for the stay when identifying the IESD.  
● Clarified that for direct transfers, the IESD is the discharge data of the last admission.  
● Clarified that a direct transfer is when the discharge date from the first inpatient setting precedes the admission date to a second inpatient setting by one calendar day or less.  
● Clarified how to identify an ED visit that resulted in an inpatient stay.  
● Added dispensing of medication-assisted treatment  
● Added “telehealth” to the denominator and numerators.  
● Removed the Note about detoxification from the numerator statement.  
● Extended the Engagement of AOD Treatment time frame to 34 days from 30 days |
| **Prenatal and Postpartum Care** | | ● Updated the electronic numerator specification to indicate when codes must be on the same claim and when codes can occur on different dates of service |
| **Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics** | | ● Replaced medication table references with references to medication lists.  
● Added telehealth modifiers to the required exclusions (step 4).  
● Added telehealth modifiers to the numerator criteria. |
| **Utilization** | **Frequency of Ongoing Prenatal Care** | ● This measure was retired for HEDIS 2018 |
| | **Well-Child Visits in the First 15 Months of Life** | ● No changes to this measure. |
| | **Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life** | ● No changes to this measure. |
| | **Adolescent Well-Care Visits** | ● No changes to this measure. |