

# Summary of Measures, Product Lines and Changes



**Applicable to:**

HEDIS 2018 Measures	Commercial	Medicaid	Medicare	Changes to HEDIS 2018
General Guidelines for Data Collection and Reporting	✓	✓	✓	<ul style="list-style-type: none"> <li>• Updated the “How NCQA Defines an Organization for Accreditation” and “HEDIS Reporting for Accreditation” sections to align with the Health Plan Accreditation publication.</li> <li>• Updated deadlines in General Guideline 9.</li> <li>• Clarified the small denominator thresholds in General Guideline 10.</li> <li>• Added General Guideline 17.</li> <li>• Combined former General Guideline 17 with General Guideline 18.</li> <li>• Clarified General Guideline 23 to state which products and product-lines report members in measures that allow a gap at the end of the continuous enrollment period.</li> <li>• Updated the “plan-lock” deadline in General Guideline 30.</li> <li>• Deleted General Guideline 32; renumbered subsequent guidelines.</li> <li>• Clarified requirements in General Guideline 33 (formerly General Guideline 34).</li> <li>• Clarified in General Guideline 34 (formerly General Guideline 35) that documentation in a medical record of a diagnosis or procedure code alone does not comply with the numerator criteria.</li> <li>• Revised General Guideline 39 (formerly General Guideline 40).</li> <li>• Revised General Guideline 45 (formerly General Guideline 46).</li> </ul>

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Guidelines for Calculations and Sampling	✓	✓	✓	<ul style="list-style-type: none"> <li>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.</li> </ul>
<b>HEDIS 2018 Measures</b>	<b>Commercial</b>	<b>Medicaid</b>	<b>Medicare</b>	<b>Changes to HEDIS 2018</b>
<b>Guidelines for Effectiveness of Care</b>	✓	✓	✓	<ul style="list-style-type: none"> <li>No changes to these guidelines.</li> </ul>
Adult BMI Assessment (ABA)	✓	✓	✓	<ul style="list-style-type: none"> <li>Clarified that the pregnancy optional exclusion should be applied to only female members.</li> <li>Revised the Data Elements for Reporting table to reflect removal of the Final Sample Size (FSS) when reporting using the Hybrid Methodology.</li> </ul>
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/ Adolescents (WCC)	✓	✓		<ul style="list-style-type: none"> <li>Clarified that the pregnancy optional exclusion should be applied to only female members.</li> <li>Clarified in the Notes that documentation related to a member's "appetite" does not meet criteria for Counseling for nutrition.</li> <li>Revised the Data Elements for Reporting table to reflect removal of the Final Sample Size (FSS) when reporting using the hybrid methodology.</li> </ul>
Childhood Immunization Status (CIS)	✓	✓		<ul style="list-style-type: none"> <li>Revised the Data Elements for Reporting table to reflect removal of the Final Sample Size (FSS) when reporting using the hybrid methodology.</li> </ul>

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Immunizations for Adolescents (IMA)	✓	✓		<ul style="list-style-type: none"> <li>Added a two-dose HPV vaccination series.</li> <li>Revised the Data Elements for Reporting table to reflect removal of the Final Sample Size (FSS) when reporting using the hybrid methodology.</li> </ul>
Lead Screening in Children (LSC)		✓		<ul style="list-style-type: none"> <li>Revised the Data Elements for Reporting table to reflect removal of the Final Sample Size (FSS) when reporting using the hybrid methodology.</li> </ul>
Breast Cancer Screening (BCS)	✓	✓	✓	<ul style="list-style-type: none"> <li>Added required exclusions to the Medicare product line for members 65 years of age and older living long-term in institutional settings.</li> <li>Added digital breast tomosynthesis as a method for meeting numerator criteria.</li> <li>Revised the Note section.</li> </ul>
Cervical Cancer Screening (CCS)	✓	✓	•	<ul style="list-style-type: none"> <li>Revised the Data Elements for Reporting table to reflect removal of the Final Sample Size (FSS) when reporting using the hybrid methodology.</li> </ul>
Colorectal Cancer Screening (COL)	✓		✓	<ul style="list-style-type: none"> <li>Added required exclusions to the Medicare product line for members 65 years of age and older living long-term in institutional settings.</li> <li>Revised the Data Elements for Reporting table to reflect removal of the Final Sample Size (FSS) when reporting using the hybrid methodology.</li> </ul>
Chlamydia Screening in Women (CHL)	✓	✓		<ul style="list-style-type: none"> <li>Replaced medication table references with references to medication lists.</li> </ul>
Care for Older Adults (COA)			(SNP and MMP only) ✓	<ul style="list-style-type: none"> <li>Clarified that codes must be on the same claim for the Medication Review indicator (Administrative Specification).</li> <li>Added the continence ADL to the list of acceptable ADLs for medical record documentation of the Functional Status Assessment numerator.</li> <li>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.</li> <li>Revised the Data Elements for Reporting table to reflect removal of the Final Sample Size (FSS) when reporting using the Hybrid Methodology.</li> </ul>

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Appropriate Testing for Children with Pharyngitis (CWP)	✓	✓		<ul style="list-style-type: none"> <li>Revised the episode date to allow for multiple diagnoses of pharyngitis and to exclude members who had other diagnoses on the same date of service.</li> <li>Clarified how to identify an ED visit or observation visit that resulted in an inpatient stay.</li> <li>Replaced medication table references with references to medication lists.</li> </ul>
Use of Spirometry Testing in the Assessment and Diagnosis of COPD (SPR)	✓	✓	✓	<ul style="list-style-type: none"> <li>Clarified how to identify an ED visit or observation visit that resulted in an inpatient stay.</li> </ul>
Pharmacotherapy Management of COPD Exacerbation (PCE)	✓	✓	✓	<ul style="list-style-type: none"> <li>Replaced medication table references with references to medication lists.</li> <li>Clarified in steps 2 and 4 that the intent is to identify all episodes (multiple episodes on the same episode date are separate episodes).</li> <li>Clarified how to identify ED visits that resulted in an inpatient stay.</li> <li>Clarified the definition of “direct transfer”: when the discharge date from the first inpatient setting precedes the admission date to a second inpatient setting by one calendar day or less.</li> <li>Added “Cortisone-acetate” to the description of Glucocorticoids in the Systemic Corticosteroid Medications List.</li> </ul>
Medication Management for People with Asthma (MMA)	✓	✓		<ul style="list-style-type: none"> <li>Replaced medication table references with references to medication lists.</li> <li>Removed Medicare reporting.</li> <li>Removed commercial reporting for the 65–85 age group.</li> </ul>
Asthma Medication Ratio (AMR)	✓	✓		<ul style="list-style-type: none"> <li>Replaced medication table references with references to medication lists.</li> <li>Removed Medicare reporting.</li> <li>Removed commercial reporting for the 65–85 age group.</li> </ul>
Controlling High Blood Pressure (CBP)	✓	✓	✓	<ul style="list-style-type: none"> <li>Added required exclusions to the Medicare product line for members 65 years of age and older living long-term in institutional settings.</li> <li>Clarified that the pregnancy optional exclusion should be applied to only female members.</li> <li>Replaced medication table references with references to medication lists.</li> <li>Revised the language in step 1 of the Numerator and added Notes clarifying the intent when excluding BP readings from the numerator.</li> <li>Revised the Data Elements for Reporting table to reflect the removal of the Final Sample Size (FSS) when reporting using the hybrid methodology.</li> </ul>

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Persistence of Beta-Blocker Treatment After a Heart Attack (PBH)	✓	✓	✓	<ul style="list-style-type: none"> <li>Clarified the definition of “direct transfer”: when the discharge date from the first inpatient setting precedes the admission date to a second inpatient setting by one calendar day or less.</li> <li>Replaced medication table references with references to medication lists.</li> <li>Clarified the calculation of treatment days in the numerator</li> </ul>
Statin Therapy for Patients with Cardiovascular Disease (SPC)	✓	✓	✓	<ul style="list-style-type: none"> <li>Clarified that the pregnancy required exclusion should be applied to only female members.</li> <li>Replaced medication table references with references to medication lists.</li> </ul>
Comprehensive Diabetes Care (CDC)	✓	✓	✓	<ul style="list-style-type: none"> <li>Added bilateral eye enucleation to the Eye exam (retinal) performed indicator.</li> <li>Revised the language in step 1 of the BP Control &lt;140/90 mm Hg Numerator and added Notes clarifying the intent when excluding BP readings from the numerator.</li> <li>Clarified the medical record requirements for evidence of ACE inhibitor/ARB therapy (for the Medical Attention for Nephropathy indicator).</li> <li>Replaced medication table references with references to medication lists.</li> <li>Added “sacubitril-valsartan” to the description of Antihypertensive combinations in the ACE Inhibitor/ARB Medications List.</li> <li>Revised the Data Elements for Reporting table to reflect the removal of the Final Sample Size (FSS) when reporting using the hybrid methodology.</li> </ul>
Statin Therapy for Patients with Diabetes (SPD)	✓	✓	✓	<ul style="list-style-type: none"> <li>Clarified that the pregnancy required exclusion should be applied to female members.</li> <li>Replaced medication table references with references to medication lists.</li> </ul>
Disease-Modifying Antirheumatic Drug Therapy for Rheumatoid Arthritis (ART)	✓	✓	✓	<ul style="list-style-type: none"> <li>Clarified that the pregnancy optional exclusion should be applied to female members.</li> <li>Replaced medication table references with references to medication lists.</li> </ul>
Osteoporosis Management in Women Who Had a Fracture (OMW)			✓	<ul style="list-style-type: none"> <li>Replaced medication table references with references to medication lists.</li> <li>Clarified how to identify an ED visit or observation visit that resulted in an inpatient stay.</li> </ul>

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				<ul style="list-style-type: none"> <li>Clarified the definition of “direct transfer”: when the discharge date from the first inpatient setting precedes the admission date to a second inpatient setting by one calendar day or less.</li> <li>Added required exclusions to the Medicare product line for members 65 years of age and older living long-term in institutional settings.</li> </ul>
Antidepressant Medication Management (AMM)	✓	✓	✓	<ul style="list-style-type: none"> <li>Replaced medication table references with references to medication lists.</li> <li>Added telehealth modifiers and telephone visits to the required exclusions (step 2).</li> </ul>
Follow-Up Care for Children Prescribed ADHD Medication (ADD)	✓	✓		<ul style="list-style-type: none"> <li>Replaced medication table references with references to medication lists.</li> <li>Added telehealth as eligible for one visit for the C&amp;M phase.</li> <li>Clarified that for the C&amp;M phase, visits must be on different dates of service.</li> </ul>
Follow-Up After Hospitalization for Mental Illness (FUH)	✓	✓	✓	<ul style="list-style-type: none"> <li>Revised the measure to no longer include visits that occur on the date of discharge.</li> <li>Added telehealth modifiers to the numerators.</li> </ul>
Follow-Up After Emergency Department Visit for Mental Illness (FUM)	✓	✓	✓	<ul style="list-style-type: none"> <li>Clarified in the event/diagnosis that the member must be 6 years or older on the date of the visit.</li> <li>Deleted the Telehealth Value Set and added telehealth modifiers to the numerators.</li> </ul>
Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (FUA)	✓	✓	✓	<ul style="list-style-type: none"> <li>Revised the measure name.</li> <li>Clarified in the event/diagnosis that the member must be 13 years and older on the date of the visit.</li> <li>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).</li> <li>Added telehealth modifiers to the numerators.</li> <li>Replaced “✓” with “For each age stratification and total” for the “Eligible Population” row in Table FUA-1/2/3.</li> </ul>
Diabetes Screening for People with Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD)		✓		<ul style="list-style-type: none"> <li>Replaced medication table references with references to medication lists.</li> </ul>

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Diabetes Monitoring for People with Diabetes and Schizophrenia (SMD)		✓		<ul style="list-style-type: none"> <li>Replaced medication table references with references to medication lists.</li> </ul>
Cardiovascular Monitoring for People with Cardiovascular Disease and Schizophrenia (SMC)		✓		<ul style="list-style-type: none"> <li>No changes to this measure.</li> </ul>
Adherence to Antipsychotic Medications for Individuals with Schizophrenia (SAA)		✓		<ul style="list-style-type: none"> <li>Replaced medication table references with references to medications lists.</li> </ul>
Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM)	✓	✓		<ul style="list-style-type: none"> <li>Replaced medication table references with references to medications lists.</li> </ul>
Annual Monitoring for Patients on Persistent Medications (MPM)	✓	✓	✓	<ul style="list-style-type: none"> <li>Replaced medication table references with references to medication lists.</li> <li>Added “sacubitril-valsartan” to the description of Antihypertensive combinations in the ACE Inhibitor/ARB Medications List.</li> </ul>
Medication Reconciliation Post Discharge (MRP)			✓	<ul style="list-style-type: none"> <li>Clarified in the hybrid specification that the current medication list must be documented in the outpatient medical record.</li> <li>Clarified in the hybrid specification that the process the prescribing practitioner, clinical pharmacist or registered nurse uses to identify the member’s current medications is outside of the scope of the measure specification.</li> <li>Revised the Data Elements for Reporting table to reflect the removal of the Final Sample Size (FSS) when reporting using the hybrid methodology.</li> </ul>
Transitions of Care (TRC)			✓	<ul style="list-style-type: none"> <li>First-year measure.</li> </ul>
Follow-Up After Emergency Department Visit for People with High Risk Multiple Chronic Conditions (FMC)			✓	<ul style="list-style-type: none"> <li>First-year measure.</li> </ul>
Non-Recommended Cervical Cancer Screening in Adolescent Females (NCS)	✓	✓		<ul style="list-style-type: none"> <li>No changes to this measure.</li> </ul>

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Non-Recommended PSA-Based Screening in Older Men (PSA)			✓	<ul style="list-style-type: none"> <li>Replaced medication table references with references to medication lists</li> </ul>
Appropriate Treatment for Children with Upper Respiratory Infection (URI)	✓	✓		<ul style="list-style-type: none"> <li>Revised the episode date to allow for multiple diagnoses of URI and to exclude members who had other diagnoses on the same date of service.</li> <li>Clarified how to identify an ED visit or observation visit that resulted in an inpatient stay.</li> <li>Replaced medication table references with references to medication lists.</li> </ul>
Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis (AAB)	✓	✓		<ul style="list-style-type: none"> <li>Clarified how to identify an ED visit or observation visit that resulted in an inpatient stay.</li> <li>Replaced medication table references with references to medication lists.</li> </ul>
Use of Imaging Studies for Low Back Pain (LBP)	✓	✓		<ul style="list-style-type: none"> <li>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).</li> <li>Added telehealth modifiers.</li> <li>Replaced medication table references with references to medication lists.</li> <li>Clarified how to identify an ED visit or observation visit that resulted in an inpatient stay.</li> </ul>
Use of Multiple Concurrent Antipsychotics in Children and Adolescents (APC)	✓	✓		<ul style="list-style-type: none"> <li>Replaced medication table references with references to medication lists.</li> </ul>
Potentially Harmful Drug-Disease Interactions in the Elderly (DDE)			✓	<ul style="list-style-type: none"> <li>Replaced medication table references with references to medication lists.</li> </ul>
Use of High-Risk Medications in the Elderly (DAE)			✓	<ul style="list-style-type: none"> <li>Replaced medication table references with references to medication lists.</li> </ul>



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Use of Opioids at High Dosage (UOD)	✓	✓	✓	<ul style="list-style-type: none"> <li>• First-year measure.</li> </ul>
Use of Opioids from Multiple Providers (UOP)	✓	✓	✓	<ul style="list-style-type: none"> <li>• First-year measure.</li> </ul>
Medicare Health Outcomes Survey (HOS)			✓	<ul style="list-style-type: none"> <li>• This measure is collected using survey methodology. Detailed specifications and summary of changes are contained in HEDIS 2018, Volume 6: Specifications for the Medicare Health Outcomes Survey.</li> </ul>
Fall Risk Management (FRM)			✓	<ul style="list-style-type: none"> <li>• This measure is collected using survey methodology. Detailed specifications and summary of changes are contained in HEDIS 2018, Volume 6: Specifications for the Medicare Health Outcomes Survey.</li> </ul>
Management of Urinary Incontinence in Older Adults (MUI)			✓	<ul style="list-style-type: none"> <li>• This measure is collected using survey methodology. Detailed specifications and summary of changes are contained in HEDIS 2018, Volume 6: Specifications for the Medicare Health Outcomes Survey.</li> </ul>
Osteoporosis Testing in Older Women (OTO)			✓	<ul style="list-style-type: none"> <li>• This measure is collected using survey methodology. Detailed specifications and summary of changes are contained in HEDIS 2018, Volume 6: Specifications for the Medicare Health Outcomes Survey.</li> </ul>
Physical Activity in Older Adults (PAO)			✓	<ul style="list-style-type: none"> <li>• This measure is collected using survey methodology. Detailed specifications and summary of changes are contained in HEDIS 2018, Volume 6: Specifications for the Medicare Health Outcomes Survey.</li> </ul>
Flu Vaccinations for Adults Ages 18-64 (FVA)	✓	✓		<ul style="list-style-type: none"> <li>• This measure is collected using survey methodology. Detailed specifications and summary of changes are contained in HEDIS 2018, Volume 3: Specifications for Survey Measures.</li> </ul>

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Flu Vaccinations for Adults Ages 65 and Older (FVO)			✓	<ul style="list-style-type: none"> <li>This measure is collected using survey methodology. Detailed specifications and summary of changes are contained in HEDIS 2018, Volume 3: Specifications for Survey Measures.</li> </ul>
Medical Assistance with Smoking and Tobacco Use Cessation (MSC)	✓	✓	✓	<ul style="list-style-type: none"> <li>This measure is collected using survey methodology. Detailed specifications and summary of changes are contained in HEDIS 2018, Volume 3: Specifications for Survey Measures.</li> </ul>
Pneumococcal Vaccination Status for Older Adults (PNU)			✓	<ul style="list-style-type: none"> <li>This measure is collected using survey methodology. Detailed specifications and summary of changes are contained in HEDIS 2018, Volume 3: Specifications for Survey Measures.</li> </ul>
Adults' Access to Preventive/ Ambulatory Health Services (AAP)	✓	✓	✓	<ul style="list-style-type: none"> <li>No changes to this measure.</li> </ul>
Children's and Adolescents' Access to Primary Care Practitioners (CAP)	✓	✓		<ul style="list-style-type: none"> <li>No changes to this measure.</li> </ul>
Annual Dental Visit (ADV)		✓		<ul style="list-style-type: none"> <li>Removed codes/value sets from the measure.</li> </ul>
Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (IET)	✓	✓	✓	<ul style="list-style-type: none"> <li>Revised the measure name.</li> <li>Added pharmacy benefit.</li> <li>Added reporting for indicators by age and diagnosis.</li> <li>Clarified that for ED visits resulting in an inpatient stay, an AOD diagnosis is not required for the stay when identifying the IESD.</li> <li>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.</li> <li>Clarified how to identify an ED visit that resulted in an inpatient stay.</li> <li>Added dispensing of medication-assisted treatment.</li> <li>Added "telehealth" to the denominator and numerators.</li> <li>Removed the Note about detoxification from the numerator statement.</li> <li>Extended the Engagement of AOD Treatment time frame to 34 days from 30 days.</li> </ul>

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Prenatal and Postpartum Care (PPC)	✓	✓		<ul style="list-style-type: none"> <li>Updated the administrative numerator specification to indicate when codes must be on the same claim and when codes can occur on different dates of service.</li> <li>Revised the Data Elements for Reporting table to reflect the removal of the Final Sample Size (FSS) when reporting using the Hybrid Methodology.</li> </ul>
Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP)	✓	✓		<ul style="list-style-type: none"> <li>Replaced medication table references with references to medication lists.</li> <li>Added telehealth modifiers to the required exclusions (step 4).</li> </ul>
CAHPS Health Plan Survey 5.0H, Adult Version (CPA)	✓	✓		<ul style="list-style-type: none"> <li>This measure is collected using survey methodology. Detailed specifications and summary of changes are contained in HEDIS 2018, Volume 3: Specifications for Survey Measures.</li> </ul>
CAHPS Health Plan Survey 5.0H, Child Version (CPC)		✓		<ul style="list-style-type: none"> <li>This measure is collected using survey methodology. Detailed specifications and summary of changes are contained in HEDIS 2018, Volume 3: Specifications for Survey Measures.</li> </ul>
Children with Chronic Conditions (CCC)		✓		<ul style="list-style-type: none"> <li>This measure is collected using survey methodology. Detailed specifications and summary of changes are contained in HEDIS 2018, Volume 3: Specifications for Survey Measures.</li> </ul>
Guidelines for Utilization	✓	✓	✓	<ul style="list-style-type: none"> <li>No changes to these guidelines.</li> </ul>
Frequency of Ongoing Prenatal Care (FPC)		✓		<ul style="list-style-type: none"> <li>Clarified that multiple visits on the same date of service count as one visit.</li> <li>Revised the Data Elements for Reporting table to reflect the removal of the Final Sample Size (FSS) when reporting using the hybrid methodology.</li> </ul>
Well-Child Visits in the First 15 Months of Life (W15)	✓	✓		<ul style="list-style-type: none"> <li>Revised the Data Elements for Reporting table to reflect the removal of the Final Sample Size (FSS) when reporting using the hybrid methodology for the Medicaid product line.</li> </ul>
Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life (W34)	✓	✓		<ul style="list-style-type: none"> <li>Revised the Data Elements for Reporting table to reflect the removal of the Final Sample Size (FSS) when reporting using the hybrid methodology for the Medicaid product line.</li> </ul>

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Adolescent Well-Care Visits (AWC)	✓	✓		<ul style="list-style-type: none"> <li>Revised the Data Elements for Reporting table to reflect the removal of the Final Sample Size (FSS) when reporting using the hybrid methodology for the Medicaid product line.</li> </ul>
Frequency of Selected Procedures (FSP)	✓	✓	✓	<ul style="list-style-type: none"> <li>No changes to this measure.</li> </ul>
Ambulatory Care (AMB)	✓	✓	✓	<ul style="list-style-type: none"> <li>Clarified how to identify an ED visit that resulted in an inpatient stay.</li> <li>Removed the AOD Rehab and Detox Value Set from the required exclusions (exclusions will be identified based on a principal diagnosis of chemical dependency). Revised the data elements tables to indicate that rates are calculated for the Visits/ 1,000 Member Months/Years in the unknown category.</li> </ul>
Inpatient Utilization—General Hospital/Acute Care (IPU)	✓	✓	✓	<ul style="list-style-type: none"> <li>Revised the data elements tables to indicate that rates are calculated for the Discharges/1,000 Member Months/Years in the unknown category.</li> </ul>
Identification of Alcohol and Other Drug Services (IAD)	✓	✓	✓	<ul style="list-style-type: none"> <li>Separated outpatient, ED and telehealth for reporting.</li> <li>Added diagnosis stratification to all rates.</li> <li>Added dispensing of medication-assisted treatment (MAT) to the outpatient services reporting category.</li> <li>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). Added telehealth modifiers.</li> <li>Clarified how to identify an ED visit or observation visit that resulted in an inpatient stay.</li> <li>Added a pharmacy benefit and removed the requirement to report member months separately for inpatient and outpatient chemical dependency benefits.</li> </ul>
Mental Health Utilization (MPT)	✓	✓	✓	<ul style="list-style-type: none"> <li>Separated outpatient, ED and telehealth for reporting.</li> <li>Deleted the Telehealth Value Set and added telehealth modifiers.</li> <li>Clarified how to identify an ED visit or observation visit that resulted in an inpatient stay.</li> <li>Removed the requirement to report member months separately for inpatient and outpatient mental health benefits.</li> </ul>
Antibiotic Utilization (ABX)	✓	✓	✓	<ul style="list-style-type: none"> <li>Replaced medication table references with references to medication lists.</li> </ul>

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Standardized Healthcare-Associated Infection Ratio (HAI)	✓	✓	✓	<ul style="list-style-type: none"> <li>Removed all references to “contracted” throughout the measure specification and the definition of “contracted acute care hospital.” The Guidelines for Utilization Measures state that only services for which the organization paid or expects to pay should be included in the measure.</li> <li>Clarified how to classify hospitals as “Unavailable” in the “Hospital classification criteria” definition.</li> <li>Clarified that organizations must use the Provider ID in Table HSIR to assign discharges in step 3 in the Calculation of Hospital Discharge Weight.</li> <li>Clarified how to report hospitals from which plans have discharges, but that are not identifiable in Table HSIR in step 3 in the Calculation of Hospital Discharge Weight.</li> <li>Clarified how to report hospitals with an “Unavailable” SIR in Table HAI-1/2/3 in step 7 of the Calculation of Weighted Standardized Infection Ratios (SIR).</li> <li>Revised Table HAI-1/2/3 and added a reporting column, “Number of Hospitals with Inpatient Discharges.”</li> </ul>
Guidelines for Risk Adjusted Utilization	✓		✓	<ul style="list-style-type: none"> <li>No changes to these guidelines.</li> </ul>
Plan All-Cause Readmissions (PCR)	✓	✓	✓	<ul style="list-style-type: none"> <li>Added the Medicaid product line.</li> <li>Replaced all references to “Average Adjusted Probability of Readmission” with “Expected Readmissions Rate.”</li> <li>Clarified the definition of “direct transfer”: when the discharge date from the first inpatient setting precedes the admission date to a second inpatient setting by one calendar day or less.</li> <li>Clarified in step 2 of the denominator (acute-to-acute direct transfers) that stays are excluded if the direct transfer’s discharge date is after December 1 of the measurement year.</li> <li>Clarified that the pregnancy required exclusion in step 4 of the denominator should be applied to female members.</li> <li>Added instructions to calculate the expected count of readmissions in step 6 of the Risk Adjustment Weighting.</li> <li>Added a note to step 3 of the numerator.</li> <li>Added a Note section.</li> <li>Added Count of Expected 30-day Readmissions as a data element to Table PCR-1 and Table PCR 2/3.</li> </ul>

# Summary of Measures, Product Lines and Changes



<p>Inpatient Hospital Utilization (IHU)</p>	✓		✓	<ul style="list-style-type: none"> <li>• Added a note to clarify that “Total Inpatient” will not equal “Surgery and Medicine” sum if reporting using MS-DRGs.</li> <li>• Clarified to round to ten decimal places using the .5 rule during the intermediate calculations of Expected events.</li> <li>• Added steps 5 and 6 to the calculation of the PUCD risk weights to calculate covariance and total variance for each category.</li> <li>• Removed the Risk Adjustment Weighting Process diagram.</li> <li>• Added “Total Variance” as a data element to Table IHU-B-2/3, Table IHU-C-2/3 and Table IHU-D-2/3.</li> </ul>
<p>Emergency Department Utilization (EDU)</p>	✓		✓	<ul style="list-style-type: none"> <li>• Clarified how to identify an ED visit that resulted in an inpatient stay.</li> <li>• Removed the AOD Rehab and Detox Value Set from the required exclusions (claims and encounters with a principal diagnosis of chemical dependency are excluded from the measure).</li> <li>• Clarified to round to 10 decimal places using the .5 rule during the intermediate calculations of Expected events.</li> <li>• Added steps 5 and 6 to the calculation of the PUCV risk weights to calculate covariance and total variance for each category.</li> <li>• Removed the Risk Adjustment Weighting Process diagram.</li> <li>• Added Total Variance as a data element to Table EDU-B-2/3.</li> </ul>
<p>Hospitalization for Potentially Preventable Complications (HPC)</p>			✓	<ul style="list-style-type: none"> <li>• Clarified the definition of “direct transfer”: when the discharge date from the first inpatient setting precedes the admission date to a second inpatient setting by one calendar day or less.</li> <li>• Clarified to round to 10 decimal places using the .5 rule during the intermediate calculations of Expected events.</li> <li>• Added steps 5 and 6 to the calculation of the PPD risk weights to calculate covariance and total variance for each category.</li> <li>• Removed the Risk Adjustment Weighting Process diagram.</li> <li>• Added “Total Variance” as a data element to Table HPC-B-2/3, Table HPC-C-3 and Table HPC-D-3.</li> </ul>
<p>Guidelines for Relative Resource Use</p>	✓	✓	✓	<ul style="list-style-type: none"> <li>• The HEDIS 2018 Relative Resource Use (RRU) measures are suspended and will not be collected. Due to the suspended status, the specifications, Value Set Directories (VSD) and Standard Pricing Tables (SPT) are not included. Complete RRU specifications are available in the HEDIS 2017 Technical Specifications.</li> </ul>

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Relative Resource Use for People With Diabetes (RDI)	✓	✓	✓	<ul style="list-style-type: none"> <li>The HEDIS 2018 Relative Resource Use (RRU) measures are suspended and will not be collected. Due to the suspended status, the specifications, Value Set Directories (VSD) and Standard Pricing Tables (SPT) are not included. Complete RRU specifications are available in the HEDIS 2017 Technical Specifications.</li> </ul>
Relative Resource Use for People with Cardiovascular Conditions (RCA)	✓	✓	✓	<ul style="list-style-type: none"> <li>The HEDIS 2018 Relative Resource Use (RRU) measures are suspended and will not be collected. Due to the suspended status, the specifications, Value Set Directories (VSD) and Standard Pricing Tables (SPT) are not included. Complete RRU specifications are available in the HEDIS 2017 Technical Specifications.</li> </ul>
Relative Resource Use for People with Hypertension (RHY)	✓	✓	✓	<ul style="list-style-type: none"> <li>The HEDIS 2018 Relative Resource Use (RRU) measures are suspended and will not be collected. Due to the suspended status, the specifications, Value Set Directories (VSD) and Standard Pricing Tables (SPT) are not included. Complete RRU specifications are available in the HEDIS 2017 Technical Specifications.</li> </ul>
Relative Resource Use for People with COPD (RCO)	✓	✓	✓	<ul style="list-style-type: none"> <li>The HEDIS 2018 Relative Resource Use (RRU) measures are suspended and will not be collected. Due to the suspended status, the specifications, Value Set Directories (VSD) and Standard Pricing Tables (SPT) are not included. Complete RRU specifications are available in the HEDIS 2017 Technical Specifications.</li> </ul>
Relative Resource Use for People with Asthma (RAS)	✓	✓	✓	<ul style="list-style-type: none"> <li>The HEDIS 2018 Relative Resource Use (RRU) measures are suspended and will not be collected. Due to the suspended status, the specifications, Value Set Directories (VSD) and Standard Pricing Tables (SPT) are not included. Complete RRU specifications are available in the HEDIS 2017 Technical Specifications.</li> </ul>
Board Certification (BCR)	✓	✓	✓	<ul style="list-style-type: none"> <li>No changes to this measure.</li> </ul>
Enrollment by Product Line (ENP)	✓	✓	✓	<ul style="list-style-type: none"> <li>No changes to this measure.</li> </ul>

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Enrollment by State (EBS)	✓	✓	✓	<ul style="list-style-type: none"> <li>No changes to this measure.</li> </ul>
Language Diversity of Membership (LDM)	✓	✓	✓	<ul style="list-style-type: none"> <li>No changes to this measure.</li> </ul>
Race/Ethnicity Diversity of Membership (RDM)	✓	✓	✓	<ul style="list-style-type: none"> <li>No changes to this measure.</li> </ul>
Total Membership (TLM)	✓	✓	✓	<ul style="list-style-type: none"> <li>No changes to this measure.</li> </ul>
Guidelines for Measures Collected Using ECDS				<ul style="list-style-type: none"> <li>Updated Guideline 2 to reflect that ECDS measures are now reported using one of four source record categories using a hierarchy when member information is found in multiple locations.</li> <li>Renamed ECDS Coverage Rate to IP-ECDS Coverage and clarified that organizations must report IP-ECDS Coverage for each ECDS measure submitted.</li> <li>Added definitions to Guideline 3 to include data management protocols for identifying source record.</li> <li>Updated Guideline 4 to clarify patient reported data and added data source category descriptions.</li> </ul>
Depression Screening and Follow-Up for Adolescents and Adults (DSF)	✓	✓	✓	<ul style="list-style-type: none"> <li>First-year measure.</li> </ul>



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Utilization of the PHQ-9 to Monitor Depression Symptoms for Adolescents and Adults (DMS)	✓	✓	✓	<ul style="list-style-type: none"> <li>Updated the Data Elements for Reporting tables to reflect reporting by data source. Updated logic sections to be expressed in Clinical Quality Language (CQL)-based Health Quality Measure Format (HQMF).</li> <li>Added Clinical Recommendation Statement.</li> </ul>
Depression Remission or Response for Adolescents and Adults (DRR)	✓	✓	✓	<ul style="list-style-type: none"> <li>Expanded the depression follow-up period to “4–8 months” and revised the time frame for the criteria that define the initial population, including the age criteria, continuous enrollment, allowable gap, and intake period.</li> <li>Revised the time frame for exclusions to align with the intake period.</li> <li>Updated the Data Elements for Reporting tables to reflect reporting by data source.</li> <li>Updated logic sections to be expressed in Clinical Quality Language (CQL)-based Health Quality Measure Format (HQMF).</li> <li>Added Clinical Recommendation Statement.</li> </ul>
Unhealthy Alcohol Use Screening and Follow-Up (ASF)	✓	✓	✓	<ul style="list-style-type: none"> <li>First-year measure.</li> </ul>
Pneumococcal Vaccination Coverage for Older Adults (PVC)	✓		✓	<ul style="list-style-type: none"> <li>First-year measure.</li> </ul>