

**To:** Interested Parties

**From:** Cindy Ottone, Director, Policy

**Date:** February 2018

**RE:** HEDIS<sup>1</sup> 2018 Measure Trending Determinations

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This memo communicates trending determinations for measures in the HEDIS 2018 Volume 2 Technical Specifications that will be reported publicly. Determinations should be considered during the audit review process, particularly for validating and benchmarking performance. Keep in mind that NCQA does not publicly report first-year measures or measures determined to have first-year status.

Trending determinations are predictions based on specification changes and are meant as information only. NCQA does not predict rate increase or decrease from the prior year. Final trending determinations will be released in Quality Compass.

HEDIS Compliance Auditors will continue to benchmark all measures, regardless of trending determinations, to assess whether rate changes align with NCQA's predictions or are organization specific. Do not rely solely on this memo as an explanation for rate and performance changes.

### **Trending Determinations by Measure**

The measures that follow had revisions for HEDIS 2018 that may affect trending. For these measures, we recommend:

1. Allow trending with caution (specification changes may cause fluctuation in results compared with the prior year), or
2. Do not allow trending by breaking the link to the prior year's measure results.

Submit questions about this memo to NCQA Policy Clarification Support (PCS) at <http://my.ncqa.org>.

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<sup>1</sup>HEDIS® is a registered trademark of the National Committee for Quality Assurance.

Measure	Specification Change	Anticipated Trending Determination
Immunizations for Adolescents	Added a two-dose HPV vaccination series.	<ul style="list-style-type: none"> <li>HPV: Break in trending for all product lines due to the addition of the two-dose HPV vaccination series to this indicator.</li> <li>Combination 2 (Meningococcal, Tdap, HPV): Break in trending for all product lines due to the addition of the two-dose HPV vaccination series to this indicator.</li> </ul>
Breast Cancer Screening	<ul style="list-style-type: none"> <li>Added digital breast tomosynthesis as a method for meeting numerator criteria.</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>	Break in trending for all product lines due to the addition of digital breast tomosynthesis to the measure numerator and the addition of required exclusions to the Medicare product line for members 65 years of age and older living long-term in institutional settings.
Colorectal Cancer Screening	Added required exclusions to the Medicare product line for members 65 years of age and older living long-term in institutional settings.	Trending for the Medicare product line between 2018 and prior years should be considered with caution.
Medication Management for People With Asthma	Removed commercial reporting for the 65–85 age group.	Break in trending for all product lines for the total rate due to the removal of the 65–85 age group.
Asthma Medication Ratio	Removed commercial reporting for the 65–85 age group.	Break in trending for all product lines for the total rate due to the removal of the 65–85 age group.
Osteoporosis Management in Women Who Had a Fracture	<ul style="list-style-type: none"> <li>Added pathologic fracture codes to the Fractures Value Set.</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>	Break in trending due to addition of fracture codes that will increase the eligible population, and the addition of required exclusions to the Medicare product line for members 65 years of age and older living long-term in institutional settings.
<ul style="list-style-type: none"> <li>Antidepressant Medication Management</li> <li>Follow-Up Care for Children Prescribed ADHD Medication</li> <li>Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics</li> <li>Mental Health Utilization</li> <li>Follow-Up After Emergency Department Visit for Alcohol</li> </ul>	Added telehealth and telehealth modifiers in the HEDIS 2018 Technical Specifications.	Trending for all product lines between 2018 and prior years should be considered with caution.

<p>and Other Drug Dependence</p> <ul style="list-style-type: none"> <li>• Use of Imaging Studies for Low Back Pain</li> <li>• Follow-Up After Emergency Department Visit for Mental Illness</li> </ul>		
Follow-Up After Hospitalization for Mental Illness	Revised the measure to no longer include visits that occur on the date of discharge. Added telehealth in the HEDIS 2018 Technical Specifications	Break in trending for all product lines for the 30-day and 7-day follow-up indicators due to visits that occur on the date of discharge no longer meet criteria for either indicator.
Annual Monitoring for Patients on Persistent Medications	Removed the annual monitoring for members on digoxin rate.	Break in trending for all product lines for the total rate due to the removal of the annual monitoring for members on digoxin rate.
Potentially Harmful Drug-Disease Interactions in the Elderly	Added additional fracture codes to the Hip Fractures Value Set.	Trending for the History of Falls rate and the Total rate between 2018 and prior years should be considered with caution.
Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment	<ul style="list-style-type: none"> <li>• Added a pharmacy benefit.</li> <li>• Added reporting for indicators by age and diagnosis.</li> <li>• Added dispensing of medication-assisted treatment.</li> <li>• Added telehealth to the denominator and numerators.</li> <li>• Extended the Engagement of AOD Treatment time frame to 34 days from 30 days.</li> </ul>	Break in trending for all product lines for all rates due to significant changes made to the measures during reevaluation.
Identification of Alcohol and Other Drug Services	<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 to the Outpatient Services reporting category.</li> <li>• Added a pharmacy benefit and removed the requirement to report member months separately for inpatient and outpatient chemical dependency benefits.</li> </ul>	Break in trending for all product lines for all rates due to significant changes made to the measure during reevaluation.
Mental Health Utilization	<ul style="list-style-type: none"> <li>• Separated outpatient, ED and telehealth for reporting.</li> </ul>	<ul style="list-style-type: none"> <li>• Break in trending for all product lines for the Outpatient, ED and Telehealth rates due to the reporting of these rates now</li> </ul>

	<ul style="list-style-type: none"> <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>	<p>being separated out individually for reporting.</p> <ul style="list-style-type: none"> <li>Add caution flag to the Intensive Outpatient, Partial Hospitalization and Any Service rates due to the addition of telehealth.</li> </ul>
<p>Standardized Healthcare—Associated Infection Ratio</p>	<ul style="list-style-type: none"> <li>Removed all references to “contracted” throughout the measure specifications, 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 HAI1/2/3 in step 7 of the Calculation of Weighted Standardized Infection Ratios (SIR).</li> </ul>	<p>Trending for all product lines for all rates between 2018 and prior years should be considered with caution.</p>

	<ul style="list-style-type: none"> <li>Revised Table HAI-1/2/3 and added a reporting column, “Number of Hospitals With Inpatient Discharges.”</li> </ul>	
Acute Hospital Utilization	<ul style="list-style-type: none"> <li>Added steps 5 and 6 to the calculation of PUCD risk weights to calculate covariance and total variance for each category.</li> <li>Renamed the measure.</li> <li>Added observation stay discharges.</li> <li>Added definitions for “outlier” and “non-outlier.”</li> <li>Added new PPD and PUCD risk adjustment weight tables specific to the Medicare population</li> </ul>	Break in trending for all product lines due to significant changes made to the measure in the HEDIS 2018 Technical Specifications Update.
Hospitalization for Potentially Preventable Complications	<ul style="list-style-type: none"> <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>Added observation stay discharges.</li> <li>Added definitions for “chronic ACSC outlier,” “chronic ACSC non-outlier,” “acute ACSC outlier” and “acute ACSC non-outlier.”</li> <li>Added a required exclusion for members living long-term in institutional settings.</li> </ul>	Break in trending due to significant changes made to the measure in the HEDIS 2018 Technical Specifications Update.

**Note:** This table is for information only; final determinations will be released in Quality Compass.