

TO: Interested Parties
FROM: Cindy Ottone, Director, Policy
DATE: March 2019
RE: HEDIS^{®1} 2019 Measure Trending Determinations

This memo communicates trending determinations for measures in the HEDIS 2019 *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 2019 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 <https://my.ncqa.org>.

¹HEDIS[®] is a registered trademark of the National Committee for Quality Assurance.

Adult BMI Assessment (ABA)

Specification Change: Following the release of Volume 2, it was brought to our attention that the ICD-10 Coding Guidelines changed how BMI is billed. The guidance went into effect October 1, 2018, and affected the last 3 months of the 2018 calendar year. BMI cannot be billed for people of normal weight. The ICD-10 coding change affects only the administrative-reporting method. NCQA's analysis shows that, because this measure is reported primarily through the hybrid-reporting option, the effect will be small. This change does not affect organizations using the hybrid method, because the rule pertains only to billing for BMI with ICD-10 codes on claims. It does not prohibit providers from measuring and documenting a BMI in the medical record.

Anticipated Trending Determination: Trending for all product lines between 2019 and prior years should be considered with caution.

Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC)

Specification Change: Following the release of Volume 2, it was brought to our attention that the ICD-10 Coding Guidelines changed how BMI is billed. The guidance went into effect October 1, 2018, and affected the last 3 months of the 2018 calendar year. BMI cannot be billed for people of normal weight. The ICD-10 coding change affects only the administrative-reporting method. NCQA's analysis shows that, because this measure is reported primarily through the hybrid-reporting option, the effect will be small. This change does not affect organizations using the hybrid method, because the rule pertains only to billing for BMI with ICD-10 codes on claims. It does not prohibit providers from measuring and documenting a BMI in the medical record.

Anticipated Trending Determination: Trending of the BMI Percentile indicator for all product lines between 2019 and prior years should be considered with caution.

Childhood Immunization Status (CIS)

Specification Change: Revised the MMR, VZV and Hepatitis A numerators to indicate that vaccinations administered on or between the child's first and second birthdays meet numerator criteria. In prior years the vaccines could be administered any time prior to the child's second birthday. Feedback from performance measurement indicated that these vaccines are not recommended to be administered prior to the child's first birthday. This change should not have a significant impact on because it's unlikely that children were getting these vaccines earlier than recommended.

Anticipated Trending Determination: Revised the time frame of the numerator for the MMR, VZV, Hepatitis A and all combination rates for all product lines in 2019. Trending between 2019 and prior years should be considered with caution.

Breast Cancer Screening (BCS)

Specification Change: Added exclusions for members 66 years and older with advanced illness and frailty.

Anticipated Trending Determination: Trending for all product lines between 2019 and prior years should be considered with caution.

Colorectal Cancer Screening (COL)

Specification Change: Added exclusions for members 66 years and older with advanced illness and frailty.

Anticipated Trending Determination: Trending for all product lines between 2019 and prior years should be considered with caution.

Controlling High Blood Pressure (CBP)

Specification Change:

- Added administrative method for reporting.
- Removed requirement to identify and use different thresholds for members 60–85 without a diagnosis of diabetes.
- Revised the definition of “representative BP” to indicate that the BP reading must occur on or after the second diagnosis of hypertension.
- Revised the event/diagnosis criteria to include members who had at least two visits on different dates of service with a diagnosis of hypertension during the measurement year or the year prior to the measurement year.
- Removed the diabetes flag identification from the event/diagnosis criteria.
- Incorporated telehealth into the measure specifications.
- Added blood pressure readings taken from remote patient monitoring devices that are electronically submitted directly to the provider for numerator compliance.
- Updated the Hybrid specification to indicate that sample size reduction is not allowed.
- Removed the requirement to confirm the hypertension diagnosis.
- Updated the Notes to clarify that BP readings taken the same day as lidocaine injections and wart or mole removals should not be excluded for the numerator.
- Added exclusions for members 66 years and older with advanced illness and frailty.

Anticipated Trending Determination: Break in trending for all product lines due to significant changes made to the measures during reevaluation.

Persistence of Beta-Blocker Treatment After a Heart Attack (PBH)

Specification Change:

- Added exclusions for members with advanced illness and frailty.
- Added exclusions for the Medicare product line for members 65 years of age and older enrolled in an I-SNP or living long-term in institutional settings.

Anticipated Trending Determination:

Medicaid and commercial: Added exclusions for advanced illness and frailty in 2019. Trending between 2019 and prior years should be considered with caution.

Medicare: Added exclusions for advanced illness, frailty, I-SNP and living long-term in institutional settings in 2019. Trending between 2019 and prior years should be considered with caution.

Statin Therapy for Patients With Cardiovascular Disease (SPC)

Specification Change:

- Incorporated telehealth into the measure specifications.
- Added exclusions for members with advanced illness and frailty.
- Added exclusions for the Medicare product line for members 65 years of age and older enrolled in an I-SNP or living long-term in institutional settings.

Anticipated Trending Determination:

Medicaid and commercial: Added telehealth and exclusions for advanced illness and frailty in 2019. Trending between 2019 and prior years should be considered with caution.

Medicare: Added telehealth and exclusions for advanced illness and frailty, I-SNP and living long term in institutional settings in 2019. Trending between 2019 and prior years should be considered with caution.

Comprehensive Diabetes Care (CDC)

Specification Change:

- Incorporated telehealth into the measure specifications.
- Added exclusions for members with advanced illness and frailty.
- Added exclusions for the Medicare product line for members 65 years of age and older enrolled in an I-SNP or living long-term in institutional settings.
- Added blood pressure readings taken from remote patient monitoring devices that are electronically submitted directly to the provider for numerator compliance.

Anticipated Trending Determination:

BP Control (<140/90 mm Hg), Medicaid and commercial: BP readings from remote patient monitoring devices are allowed beginning in 2019. Added telehealth and exclusions for advanced illness and frailty in 2019. Trending between 2019 and prior years should be considered with caution.

Comprehensive Diabetes Care (CDC)

BP Control (<140/90 mm Hg), Medicare: BP readings from remote patient monitoring devices are allowed beginning in 2019. Added telehealth and exclusions for advanced illness and frailty, I-SNP and living long term in institutional settings in 2019. Trending between 2019 and prior years should be considered with caution.

All other indicators (HbA1c Testing; HbA1c Poor Control (>9.0%); HbA1c Control (<8.0%), HbA1c Control (<7.0%) for a Selected Population, Eye Exam, Medical Attention for Nephropathy), Medicaid and commercial: Added telehealth and exclusions for advanced illness and frailty in 2019. Trending between 2019 and prior years should be considered with caution.

All other indicators (HbA1c Testing, HbA1c Poor Control (>9.0%), HbA1c Control (<8.0%), HbA1c Control (<7.0%) for a Selected Population, Eye Exam, Medical Attention for Nephropathy), Medicare: Added telehealth and exclusions for advanced illness and frailty, I-SNP and living long term in institutional settings in 2019. Trending between 2019 and prior years should be considered with caution.

Statin Therapy for Patients With Diabetes (SPD)

Specification Change:

- Incorporated telehealth into the measure specifications.
- Added exclusions for members with advanced illness and frailty.
- Added exclusions for the Medicare product line for members 65 years of age and older enrolled in an I-SNP or living long-term in institutional settings.

Anticipated Trending Determination:

Medicaid and commercial: Added telehealth and exclusions for advanced illness and frailty in 2019. Trending between 2019 and prior years should be considered with caution.

Medicare: Added telehealth and exclusions for advanced illness and frailty, I-SNP and living long term in institutional settings in 2019. Trending between 2019 and prior years should be considered with caution.

Disease-Modifying Anti-Rheumatic Drug Therapy for Rheumatoid Arthritis (ART)

Specification Change:

- Incorporated telehealth into the measure specifications.
- Added exclusions for members with advanced illness and frailty.
- Added exclusions for the Medicare product line for members 65 years of age and older enrolled in an I-SNP or living long-term in institutional settings.

Anticipated Trending Determination:

Medicaid and commercial: Added telehealth and exclusions for advanced illness and frailty in 2019. Trending between 2019 and prior years should be considered with caution.

Disease-Modifying Anti-Rheumatic Drug Therapy for Rheumatoid Arthritis (ART)

Medicare: Added telehealth and exclusions for advanced illness and frailty, I-SNP and living long term in institutional settings in 2019. Trending between 2019 and prior years should be considered with caution.

Osteoporosis Management in Women Who Had a Fracture (OMW)

Specification Change:

- Incorporated telehealth into the measure specifications.
- Added exclusions for members with advanced illness and frailty.

Anticipated Trending Determination: Trending between 2019 and prior years should be considered with caution.

Follow-Up After Hospitalization for Mental Illness (FUH)

Specification Change: Revised the denominator to include members with a principal diagnosis of intentional self-harm. Removed the use of a mental health diagnosis as a proxy for a visit with a mental health practitioner (all numerator events require a mental health practitioner). Added age stratifications for members 6–17 years, 18–64 years, 65 years and older and total.

Anticipated Trending Determination: Trending for all product lines and all indicators between 2019 and prior years should be considered with caution.

Follow-Up After Emergency Department Visit for Mental Illness (FUM)

Specification Change: Revised the denominator to include members with a principal diagnosis of intentional self-harm. Revised the numerator to include members with a principal diagnosis of intentional self-harm and any diagnosis of a mental health disorder.

Anticipated Trending Determination: Break in trending for all product lines and all indicators due to the addition of intentional self-harm in the denominator and numerator and revisions to the numerator that allow for any diagnosis of a mental health disorder.

- *Use of Spirometry Testing in the Assessment and Diagnosis of COPD (SPR)*
- *Medication Management for People With Asthma (MMA)*
- *Asthma Medication Ratio (AMR)*
- *Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD)*
- *Diabetes Monitoring for People With Diabetes and Schizophrenia (SMD)*
- *Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia (SMC)*
- *Adherence to Antipsychotic Medications for Individuals With Schizophrenia (SAA)*
- *Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis (AAB)*
- *Adults' Access to Preventive/Ambulatory Health Services (AAP)*

Specification Change: Added telehealth and telehealth modifiers in the HEDIS 2019 Technical Specifications.

Anticipated Trending Determination: Trending for all product lines between 2019 and prior years should be considered with caution.

Use of Multiple Concurrent Antipsychotics in Children and Adolescents (APC)

Specification Change: Added a requirement to not include denied claims when identifying the eligible population.

Anticipated Trending Determination: Trending for the Medicaid product line between 2019 and prior years should be considered with caution.

Use of Opioids at High Dosage (UOD)

Specification Change: This measure will be calculated and displayed as a percentage in reports. Previously it was calculated and reported as a permillage (multiplied by 1,000).

Anticipated Trending Determination: Break in trending for all product lines due to measure results now being displayed as a percentage.

Use of Opioids From Multiple Providers (UOP)

Specification Change: This measure will be calculated and displayed as a percentage in reports. Previously it was calculated and reported as a permillage (multiplied by 1,000).

Anticipated Trending Determination: Break in trending for all product lines due to measure results now being displayed as a percentage.

Ambulatory Care (AMB)

Specification Change: Incorporated telehealth into the Outpatient Visits category.

Anticipated Trending Determination: Trending between 2019 and prior years should be considered with caution for the Outpatient Visits category for all product lines.

Inpatient Utilization—General Hospital/Acute Care (IPU)

Specification Change: Removed use of MS-DRGs for identification of inpatient discharges.

Anticipated Trending Determination: Trending for all product lines and all indicators between 2019 and prior years should be considered with caution.

Identification of Alcohol and Other Drug Services (IAD)

Specification Change: Revised instructions for reporting members with more than one service (on different dates of service) in different service categories.

Anticipated Trending Determination: Break in trending for all product lines for all indicators due to significant changes made to the measure.

Mental Health Utilization (MPT)

Specification Change: Revised instructions for reporting members with more than one service (on different dates of service) in different service categories.

Anticipated Trending Determination: Break in trending for all product lines for all indicators due to significant changes made to the measure.

Plan All-Cause Readmissions (PCR)

Specification Change: Planned admissions are no longer removed in the denominator; these are now removed in the numerator.

Anticipated Trending Determination: Trending for all product lines and all indicators between 2019 and prior years should be considered with caution.

Acute Hospital Utilization (AHU)

Specification Change: Removed step 6 in the calculation of observed events for classifying discharges as surgical or medical using MS-DRGs. All classifications should use the Surgical Value Set.

Anticipated Trending Determination: Trending for all product lines and all indicators between 2019 and prior years should be considered with caution.

Hospitalization for Potentially Preventable Complications (HPC)

Specification Change: Revised the Total ACSC category in the calculation of observed events to clarify that discharges for Acute ACSC outliers or Chronic ACSC outliers must be removed.

Anticipated Trending Determination: Trending for all product lines and all indicators between 2019 and prior years should be considered with caution.

Note: The information in the tables above is for information only; final determinations will be released in Quality Compass.