

TO: Interested Parties
FROM: Cindy Ottone, Director, Policy
DATE: February 2020
RE: HEDIS^{®1} 2020 Measure Trending Determinations

This memo communicates trending determinations for measures in the HEDIS 2020 *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 2020 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 staff through My.NCQA at <https://my.ncqa.org>.

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Cervical Cancer Screening (CCS)

Specification Change: Updated screening methods to include primary high-risk human papillomavirus (HPV) testing to count for numerator compliance.

Anticipated Trending Determination: Trending between HEDIS 2020 and prior years should be considered with caution.

Appropriate Testing for Pharyngitis (CWP)

Specification Change:

- Revised the measure name.
- Expanded the age range to members 3 years of age and older.
- Changed the measure from a member-based denominator to an episode-based denominator.
- Revised the Episode Date definition, removed the IESD definition and added the Negative Comorbid Condition History and Negative Competing Diagnosis definitions.
- Added the Medicare product line.
- Added age ranges, age stratifications and a total rate to the eligible population.
- Removed the anchor date requirements.
- Added instructions for excluding outpatient visits that result in an inpatient stay.
- Removed the requirement to exclude episode dates where there was any diagnosis other than pharyngitis on the same date.
- Added telehealth visits to the event/diagnosis criteria.
- Added *Penicillin G Benzathine* to the “Natural penicillins” description in the CWP Antibiotic Medications List.
- Added a comorbid condition exclusion to the event/diagnosis criteria.
- Added a competing diagnosis exclusion to the event/diagnosis criteria.
- Added instructions for deduplicating eligible episodes to the event/diagnosis criteria.
- Revised the Data Elements for Reporting table.
- Added the *Rules for Allowable Adjustments of HEDIS* section.

Anticipated Trending Determination: **Break in trending for commercial and Medicaid product lines** due to significant changes made to the measure during reevaluation. No trending impact for the Medicare product line, because this product line was added in HEDIS 2020.

Statin Therapy for Patients With Cardiovascular Disease (SPC)

Specification Change: Updated the method for identifying the same or different medications; high, moderate and low doses of a medication are considered different medications (in prior years different “doses” of the same medication were considered the same medication). This change affects how organizations calculate the number of days covered for multiple prescriptions when calculating the Proportion of Days Covered (PDC) for the Statin Adherence 80% rate.

Anticipated Trending Determination: Trending for the Statin Adherence 80% rate for all product lines between HEDIS 2020 and prior years should be considered with caution.

Statin Therapy for Patients With Diabetes (SPD)

Specification Change: Updated the method for identifying the same or different medications; high, moderate and low doses of a medication are considered different medications (in prior years, different “doses” of the same medication were considered the same medication). This change affects how organizations calculate the number of days covered for multiple prescriptions when calculating the Proportion of Days Covered (PDC) for the Statin Adherence 80% rate.

Anticipated Trending Determination: Trending for the Statin Adherence 80% rate for all product lines between HEDIS 2020 and prior years should be considered with caution.

Osteoporosis Management in Women Who Had a Fracture (OMW)

Specification Change:

- Revised the event/diagnosis to assess all eligible fractures during the Intake Period.
- Modified the “IESD” definition and added a definition for “Episode Date.”
- Removed the single energy x-ray absorptiometry (SEXA) test from the measure.

Anticipated Trending Determination: Trending between HEDIS 2020 and prior years should be considered with caution.

Appropriate Treatment for Upper Respiratory Infection (URI)

Specification Change:

- Revised the measure name.
- Expanded the age range to members 3 months of age and older.
- Changed the measure from a member-based denominator to an episode-based denominator.
- Revised the Episode Date definition, removed the IESD definition and added the Negative Comorbid Condition History definition.
- Added the Medicare product line.
- Added age ranges, age stratifications and a total rate to the eligible population.
- Removed the anchor date requirements.
- Added instructions for excluding outpatient visits that result in an inpatient stay.

- Removed the requirement to exclude episode dates where there was any diagnosis other than upper respiratory infection on the same date.
- Added telehealth visits to the event/diagnosis criteria.
- Added *Penicillin G Benzathine* to the “Natural penicillins” description in the CWP Antibiotic Medications List.
- Added a comorbid condition exclusion to the event/diagnosis criteria.
- Added instructions for deduplicating eligible episodes to the event/diagnosis criteria.
- Revised the Data Elements for Reporting table.
- Added the *Rules for Allowable Adjustments of HEDIS* section.

Anticipated Trending Determination: Break in trending for commercial and Medicaid product lines due to significant changes made to the measure during reevaluation. No trending impact for the Medicare product line, because this product line was added in HEDIS 2020.

Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis (AAB)

Specification Change:

- Revised the measure name.
- Expanded the age range to members 3 months of age and older.
- Changed the measure from a member-based denominator to an episode-based denominator.
- Revised the Intake Period.
- Removed the IESD definition.
- Revised the Negative Competing Diagnosis time frame.
- Added the Medicare product line.
- Added age ranges, age stratifications and a total rate to the eligible population.
- Updated the continuous enrollment and allowable gap requirements.
- Removed “with or without a telehealth modifier” language; refer to *General Guideline 43*.
- Added instructions for excluding outpatient visits that result in an inpatient stay.
- Deleted the Cystic Fibrosis Value Set from step 3 in the event/diagnosis criteria (codes for cystic fibrosis were moved to the Comorbid Conditions Value Set).
- Added instructions for deduplicating eligible episodes to the event/diagnosis criteria.
- Revised the Data Elements for Reporting table.
- Added the *Rules for Allowable Adjustments of HEDIS* section.

Anticipated Trending Determination: Break in trending for commercial and Medicaid product lines due to significant changes made to the measure during reevaluation. No trending impact for the Medicare product line because this product line was added in HEDIS 2020.

Potentially Harmful Drug-Disease Interactions in Older Adults (DDE)

Specification Change:

- Added “SNRIs” to Rate 1.
- Added an exclusion for major depressive disorder to Rate 1.
- Removed “H2 receptor antagonists” from Rate 2.

Anticipated Trending Determination: Trending of Rates 1, 2 and Total between HEDIS 2020 and prior years should be considered with caution.

Use of Opioids at High Dosage (HDO)

Specification Change:

- Changed the measure acronym from UOD to HDO.
- Updated the average daily MME threshold from >120 to ≥ 90 .
- Deleted the IPSD definition and the former step 4 of the numerator.
- Revised treatment period definition used to calculate the numerator.
- Modified medication lists to make them compatible with digital measure formatting.
- Updated Table HDO-A to include medication lists and strength (for use in the MME calculation).
- Added a note to indicate that methadone for the treatment of opioid use disorder is excluded from this measure.
- Added the *Rules for Allowable Adjustments of HEDIS* section.

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

Children and Adolescents’ Access to Primary Care Practitioners (CAP)

Specification Change: Added telehealth to the numerator of the measure.

Anticipated Trending Determination: Trending for all product lines between HEDIS 2020 and prior years should be considered with caution.

Prenatal and Postpartum Care (PPC)

Specification Change:

- Revised the timing of the event/diagnosis criteria.
- Revised the *Timeliness of Prenatal Care* numerator to allow for visits that occur before the enrollment start date.
- Revised the timing of the *Postpartum Care* numerator.
- Added a *Definitions* section.
- Revised the *Continuous Enrollment* criteria.
- Added a *Note* to step 1 of the event/diagnosis to clarify that the date of service or, for inpatient claims, the date of discharge is used if the date of delivery cannot be interpreted on the claim.
- Deleted the decision rules and standardized the prenatal care visit requirements in the *Timeliness of Prenatal Care* numerator.
- Clarified in the *Timeliness of Prenatal Care* and *Postpartum Care* numerators to not count visits that occur on the date of delivery.
- Updated the *Postpartum Care* numerator to exclude services provided in an acute inpatient setting.
- Updated the Hybrid specification to indicate that sample size reduction is not allowed.
- Added bullets to the Hybrid Specification of the *Postpartum Care* numerator to meet criteria.
- Added the *Rules for Allowable Adjustments of HEDIS* section.

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

Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP)

Specification Change: Removed “Prochlorperazine” from the Antipsychotic Medications List.

Anticipated Trending Determination: Trending for all product lines and rates between HEDIS 2020 and prior years should be considered with caution.

Plan All-Cause Readmissions (PCR)

Specification Change:

- Added definitions of “outlier,” “nonoutlier” and “plan population.”
- Added observation stays to inpatient admissions.
- Revised direct transfers to include observation discharges.
- Moved instructions for direct transfer to *Guideline 6* in the *Guidelines for Risk Adjusted Utilization Measures*.
- Added steps to remove hospitalizations for outlier members and report a count of outlier members.
- Removed the high-frequency hospitalization stratification for Medicaid.
- Added a step in the Risk Adjustment Weighting section for observation stay IHS.
- Removed the base weight variable from the Risk Adjustment Weighting.
- Removed Sample Table: PCR—Risk Adjustment Weighting in Risk Adjustment Weighting.

- Added a *Note* to step 4 in the numerator.
- Revised the data element tables to combine the 18–64 and 65+ populations.
- Added instructions and data element tables to report plan population and outlier rate.
- Removed the “Total 18-64 Medicare” and “Total 65+ Medicare” rows from Table PCR-B-3 and removed associated footnotes.
- Added instructions and data element tables to report the rate among index stays discharged or transferred to skilled nursing care.

Anticipated Trending Determination: **Break in trending for all product lines** due to the addition of observation stays to the numerator and denominator and removal of outliers from the measure.

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