

October 1, 2018

Dear Colleague:

NCQA is pleased to present the HEDIS<sup>®1</sup> 2019 *Volume 2: Technical Update*. With this release, NCQA freezes the technical specifications for Volume 2, with the exception of measures that require pharmacy data and the Risk Adjusted Utilization measures.

Measures that require pharmacy data and the Risk Adjusted Utilization measures will be final when the Medication List Directory of National Drug Codes (NDC) and the risk-adjustment tables are posted on November 1, 2018.

This memo contains the following information:

- Random Number (RAND) table for HEDIS 2019.
- Corrections, policy changes and clarifications to HEDIS 2019 *Volume 2: Technical Specifications*.
- An announcement and attachments for the following measure specifications:
  - *Standardized Healthcare-Associated Infection Ratio (HAI)*.
  - *Adult Immunization Status (AIS)*.
  - *Prenatal Immunization Status (PRS)*.
  - *Plan All-Cause Readmissions 2020 Version (PCR2020)*.

The HAI measure is suspended and will not be collected for HEDIS 2019 reporting. Due to the suspended status of the measure, the specifications, value sets and the Standard Infection Ratio (SIR) table are being removed from the *HEDIS 2019 Volume 2: Technical Specifications*.

Following release of the new AIS and PRS measures in the *HEDIS 2019 Volume 2: Technical Specifications*, it was determined that additional clarifications were required. The updated versions of the AIS (Attachment A) and PRS (Attachment B) measure specifications must be used for HEDIS 2019 reporting.

Following release of the draft PCR2020 measure in the *HEDIS 2019 Volume 2: Technical Specifications*, it was determined that additional revisions were required for the risk adjustment weighting for observation stays in the measure. The updated version of the measure specifications (Attachment C) replaces the version in the *HEDIS 2019 Volume 2: Technical Specifications*. The PCR2020 specification is a proposed version of the measure for HEDIS 2020 and will not be reported in HEDIS 2019.

*This memo does not contain changes to medications.* Refer to the *Medication List Directory Technical Update* document posted with the Medication List Directory (NDC codes) in November for all medication changes.

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*This memo does not contain coding changes.* Organizations must go to the NCQA Download Center (<https://downloads.ncqa.org/customer/Login.aspx>) and re-download the Value Set Directory (VSD) to obtain the October 1 version, which contains all coding changes. The NCQA Download Center does not list the VSD as “October 1 version” (in the Item Name column) but when organizations re-download the file, they will see the updated version date. Refer to the Summary of Changes spreadsheets in the VSD to identify codes and value sets that were added, deleted or revised.

This memo does not contain changes to the *HEDIS 2019 Digital Measure Packages* or the *HEDIS 2019 Rules for Allowable Adjustments*. Organizations must go to the NCQA Download Center (<https://downloads.ncqa.org/customer/Login.aspx>) and re-download the digital measure packages and the *Rules for Allowable Adjustments* to obtain the updated versions, which contain all changes and adjustments for additional measures in the HEDIS measurement set. Refer to the Summary of Changes section in the *Rules for Allowable Adjustments* document to identify revisions. The *HEDIS 2019 Rules for Allowable Adjustments* updated version will be posted on October 1 and the updated version of the *HEDIS 2019 Digital Measure Packages* will be available in the Download Center on October 2.

Review all items in the table and attachments and incorporate them into your implementation processes. HEDIS Compliance Auditors will consider these documents to be part of the specifications. If you have questions about information included in the *Technical Update* or about other measure specifications, contact us through our Policy Clarification Support (PCS) system at <http://my.ncqa.org>. We wish everyone a successful HEDIS data collection season!

Sincerely,

Cindy Ottone, MHA  
Director, Policy-Measures

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**RAND Table for Measures Using the Hybrid Method**

Measure	RAND
Adult BMI Assessment	.48
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents	.35
Childhood Immunization Status <i>and</i> Lead Screening in Children	.42*
Immunizations for Adolescents	.08
Cervical Cancer Screening	.79
Colorectal Cancer Screening	.26
Care for Older Adults	.23
Controlling High Blood Pressure	.20
Comprehensive Diabetes Care	.31
Medication Reconciliation Post-Discharge <i>and</i> Transitions of Care	.56*
Prenatal and Postpartum Care	.03
Well-Child Visits in the First 15 Months of Life (Medicaid only)	.75
Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life (Medicaid only)	.85
Adolescent Well-Care Visits (Medicaid only)	.82

\* The RANDs for these measures are the same. Organizations may choose to use the same sample for the two measures. If organizations chose to use different samples for these measures a different Minimum Required Sample Size (MRSS) is used in the sampling protocol.

## Specification Updates

This document contains corrections, policy changes and clarifications to HEDIS 2019 *Volume 2, Technical Specifications*. NCQA has identified the appropriate page number, measure/guideline and head/subtitle for each item.

Page	Measure/Guideline	Head/Subtitle	Update
	Table of Contents	Utilization and Risk Adjusted Utilization—Utilization	Add the following text as a Note under the HAI measure: <b>Note:</b> <i>The HAI measure is suspended and will not be collected for HEDIS 2019 reporting. Due to the suspended status of the measure, the specifications, the value sets and the Standard Infection Ratio (SIR) table are being removed from the HEDIS 2019 Volume 2: Technical Specifications.</i>
3	What’s New in Volume 2	HAI SIR table	Replace the text in this section with the following text: The HAI measure is suspended and will not be collected for HEDIS 2019 reporting. Due to the suspended status of the measure, the specifications, the value sets and the Standard Infection Ratio (SIR) table are being removed from the <i>HEDIS 2019 Volume 2: Technical Specifications</i> .
3	What’s New in Volume 2	First-year measure evaluation	Replace the text in this section with the following text: The following HEDIS 2018 <i>first-year measures</i> will be publicly reported for HEDIS 2019: <ul style="list-style-type: none"> <li>• <i>Transitions of Care.</i></li> <li>• <i>Follow-Up After Emergency Department Visit for People With Multiple High-Risk Chronic Conditions.</i></li> <li>• <i>Use of Opioids at High Dosage.</i></li> <li>• <i>Use of Opioids from Multiple Providers.</i></li> </ul> The following HEDIS 2018 <i>first-year status measures</i> will be publicly reported for HEDIS 2019: <ul style="list-style-type: none"> <li>• <i>Acute Hospital Utilization.</i></li> <li>• <i>Hospitalization for Potentially Preventable Complications.</i></li> </ul> <b>Note</b> <ul style="list-style-type: none"> <li>• <i>The Depression Screening and Follow-Up for Adolescents and Adults and Unhealthy Alcohol Use Screening and Follow-Up measures will not be publicly reported for HEDIS 2019.</i></li> </ul>
17	The NCQA HEDIS Compliance Audit™	The NCQA HEDIS Compliance Audit™	Replace the last sentence in the first paragraph with the following text: Calculated measure results, based on unadjusted HEDIS specifications, may not be termed “Health Plan HEDIS rates” until they are audited and designated reportable by an NCQA-Certified Auditor. Such results should be referred to as “Unaudited Health Plan HEDIS Rates.”

Page	Measure/Guideline	Head/Subtitle	Update		
19	General Guideline 9	Audit Preparation	<p>Replace the “By April 17” task in the sixth row in the HEDIS Audit Timeline with the following text:</p> <table border="1" style="width: 100%;"> <tr> <td style="width: 80%;">Organization submits preliminary rates to the auditor for review. <i>Auditors should review preliminary rates based on the current year’s specifications.</i></td> <td style="width: 20%; text-align: center;">By April 17</td> </tr> </table>	Organization submits preliminary rates to the auditor for review. <i>Auditors should review preliminary rates based on the current year’s specifications.</i>	By April 17
Organization submits preliminary rates to the auditor for review. <i>Auditors should review preliminary rates based on the current year’s specifications.</i>	By April 17				
20	General Guideline 10	Reporting—Audit Results: For Performance Measures	<p>In the “<b>NA</b>” row, replace the text in the “Comment” column with the following text:  <i>Small Denominator.</i> The organization followed the specifications, but the denominator was too small (e.g., &lt;30) to report a valid rate.</p> <ol style="list-style-type: none"> <li>a. For EOC and EOC-like measures, when the denominator is fewer than 30.</li> <li>b. For utilization measures that count member months, when the denominator is fewer than 360 member months.</li> <li>c. For all risk-adjusted utilization measures, except PCR and HPC, when the denominator is fewer than 150.*</li> </ol>		
20	General Guideline 10	Reporting—Audit Results: For Performance Measures	<p>In the “<b>UN</b>” row replace the third sentence in the “Comment” column with the following text:  This result applies only to a limited set of measures (i.e., Board Certification).</p>		
28	General Guideline 30	Supplemental data— Supplemental data uses— Supplemental data may help determine	<p>Remove the bullet that reads:</p> <ul style="list-style-type: none"> <li>• Observed Events in the Risk Adjusted Utilization measures.</li> </ul>		
30	General Guideline 30	Supplemental data— Supplemental Data Definitions—Standard supplemental data	<p>Replace the <i>Note</i> in this section with the following text:  <b>Note:</b> <i>Prior year’s validated historic hybrid medical record result files are reviewed as part of the Data Preproduction Processing section of the HEDIS Roadmap. These data are loaded as administrative data.</i></p>		
31	General Guideline 30	Supplemental data— Required Data Elements— Nonstandard supplemental data	<p>In the fourth paragraph replace the last sentence, which reads, “NPI or TIN along with date would also be acceptable,” with “Documentation of NPI/TIN is not required; however, documentation of NPI/TIN along with date, name and signature is preferred.”</p>		
32	General Guideline 30	Supplemental data— Supplemental Data Timeline and Systematic Sample Requirements	<p>In the third paragraph, replace the reference to “<i>General Guideline 30</i>” with “<i>General Guideline 31.</i>”</p>		
32	General Guideline 30	Supplemental data— Identifying and Validating Supplemental Data	<p>Add the following text as a fourth paragraph after the third paragraph:  For additional information about audit requirements for supplemental data, refer to <i>Volume 5, HEDIS Compliance Audit: Standards, Policies and Procedures</i>, released each October.*</p>		

Page	Measure/Guideline	Head/Subtitle	Update
			*This edit applies to the printed publication of the Volume 2 Technical Specifications. This language is included in the e-pub.
33	General Guideline 31	Obtaining Information for the Systematic Sample	In the second paragraph, remove the following two sentences, “All services must have evidence of accountability by the practitioner and at a minimum include date, name and signature). NPI or TIN along with date would also be acceptable.”
34	General Guideline 33	Date Specificity	In the first paragraph, replace the references of “February 5, 2015” with “February 5, 2016” and replace the reference to “February 2017” with “February 2018.”
35	General Guideline 35	Collecting Data for Measures with Multiple Numerator events	Remove the bullet that reads: <ul style="list-style-type: none"> <li>• Adult Immunization Status.</li> </ul>
37	General Guideline 40	Coding Systems Included in HEDIS Value Sets*	Remove the bullet that reads: <ul style="list-style-type: none"> <li>• Medicare Severity Diagnosis-Related Group (MS-DRG).</li> </ul>
37	General Guideline 40	Coding Systems Included in HEDIS Value Sets*	Replace the asterisked language (at the end of the general guideline) with the following text: * <i>The updates to the International Classification of Diseases diagnosis and procedure codes that go into effect on October 1, 2018, have been incorporated into the HEDIS 2019 value sets.</i>
39	General Guideline 48	Mapping Proprietary or Other Codes	Replace the “SNOMED CT” and “RxNorm” bullets with the following text: <ul style="list-style-type: none"> <li>• <i>SNOMED CT</i>. Organizations can use the HEDIS Value Set Directory for Allowable Adjustments (“HEDIS Adjustments VSD”) as a resource.</li> <li>• <i>RxNorm</i>. Organizations can use the HEDIS Value Set Directory for Allowable Adjustments (“HEDIS Adjustments VSD”) as a resource.</li> </ul>
47	Guidelines for Calculations and Sampling	Guidelines for the Hybrid Method-Table 1: Sample Size Information for Hybrid Measures	In the “Controlling High Blood Pressure” row, replace “Y” with “N” in the “Prior Year’s Rate May Be Used to Reduce MY 2018 Sample Size <sup>1</sup> ” column.
47	Guidelines for Calculations and Sampling	Guidelines for the Hybrid Method-Table 1: Sample Size Information for Hybrid Measures	In the “Medication Reconciliation Post-Discharge” row, replace “Y <sup>5</sup> ” with “Y” in the “Prior Year’s Rate May Be Used to Reduce MY 2018 Sample Size <sup>1</sup> ” column.
47	Guidelines for Calculations and Sampling	Guidelines for the Hybrid Method-Table 1: Sample Size Information for Hybrid Measures	In the “Transitions of Care” row, replace “N <sup>5</sup> ” with “Y <sup>5</sup> ” in the “Prior Year’s Rate May Be Used to Reduce MY 2018 Sample Size <sup>1</sup> ” column.

Page	Measure/Guideline	Head/Subtitle	Update
47	Guidelines for Calculations and Sampling	Guidelines for the Hybrid Method-Table 1: Sample Size Information for Hybrid Measures	Replace the text in the 5th footnote below the table with the following text: If a separate sample from the Medication Reconciliation Post-Discharge measure is used for Transitions of Care, the organization can reduce the sample based only on the prior year's reported rate for the lowest rate from all the indicators for Transitions of Care.
52	Guidelines for Calculations and Sampling	Example 3	Replace steps 4–6 with the following text: <ul style="list-style-type: none"> <li>• <b>Step 4</b> Because <math>411 &lt; 436 \leq (411 + 42)</math>, skip to step 8.</li> <li>• <b>Step 5</b> Skip this step.</li> <li>• <b>Step 6</b> Skip this step.</li> <li>• <b>Step 7</b> Skip this step.</li> <li>• <b>Step 8</b> Sort the list and choose the first 411 as the primary list. The remaining 25 members become the oversample list*.</li> </ul> <i>*Remember, members in the oversample are used only to replace members excluded from the sample.</i>
58	Guidelines for Effectiveness of Care Measures	SES stratification	Under the second paragraph, add the following text as a new bullet under the bullet that reads "Other: Member has ESRD-only status or is assigned "9-none of the above": <ul style="list-style-type: none"> <li>• <i>Unknown: Member's SES is unknown. May be &gt;0 only for Puerto Rico plans, or if the auditor approved a small number of unassigned members*.</i></li> </ul>
58	Guidelines for Effectiveness of Care Measures	SES stratification	Under the second paragraph, add the following text below the last bullet that reads "Total Medicare: Total of all categories above": <i>*Plans must work with auditors to uncover anomalies early (e.g., during preliminary rate review) and attempt to resolve the cause. NCQA will use the findings from first-year reporting to determine any necessary changes. Medicare members in Puerto Rico must be counted in the Unknown strata.</i>
58	Guidelines for Effectiveness of Care Measures	SES stratification	Replace the last three paragraphs with the following text: Use the SES Stratification Logic table below to determine the member's stratification using the last three months of the continuous enrollment period. Use the file run date to determine the member's stratification in the last three months of the continuous enrollment period.
59	Guidelines for Effectiveness of Care Measures	SES stratification—SES Stratifications Logic	In the "Strata" column, replace "LIS/DE only" with "LIS/DE."
59	Guidelines for Effectiveness of Care Measures	SES stratification—SES Stratifications Logic	In the "Strata" column, replace "Disability only" with "Disability."



Page	Measure/Guideline	Head/Subtitle	Update			
59	Guidelines for Effectiveness of Care Measures	SES stratification—SES Stratifications Logic	In the “Other” row replace the text in the “Rationale” column with the following text: Counts ESRD and 9 (None of the above).			
59	Guidelines for Effectiveness of Care Measures	SES stratification—SES Stratifications Logic	Add the following row under the “Other” row in the table: <table border="1" data-bbox="898 394 1929 561"> <tr> <td>Unknown</td> <td></td> <td>Count members with no values assigned in the Monthly Membership Detail Data Files. Subject to auditor review and approval.</td> </tr> </table>	Unknown		Count members with no values assigned in the Monthly Membership Detail Data Files. Subject to auditor review and approval.
Unknown		Count members with no values assigned in the Monthly Membership Detail Data Files. Subject to auditor review and approval.				
59	Guidelines for Effectiveness of Care Measures	SES stratification—SES Stratifications Logic	Add the following text below the table: <b>Note:</b> <ul style="list-style-type: none"> <li>Members who enroll in Medicare in the last 2 months of the continuous enrollment period, but are continuously enrolled for the measure, should be counted in either “Non-LIS/DE, Non-disability,” “Disability,” “Other” or “Unknown” based on item 48 in the last month of their continuous enrollment (these members will have less than 3 months of records in the Monthly Membership Detail Data File).</li> <li>If item 35: <ul style="list-style-type: none"> <li>Has the same value in the last 3 months of continuous enrollment, use that value.</li> <li>Has the same value in 2 of the last 3 months of the continuous enrollment use that value.</li> <li>Has different values in each of the last 3 months of continuous enrollment, use the value in the last month.</li> </ul> </li> </ul>			
71	Childhood Immunization Status	Administrative Specification—Numerators, MMR	Replace the text in this section with the following text: Any of the following meet criteria: <ul style="list-style-type: none"> <li>At least one MMR vaccination (<u>Measles, Mumps and Rubella (MMR) Vaccine Administered Value Set</u>) on or between the child’s first and second birthdays.</li> <li>At least one measles and rubella vaccination (<u>Measles/Rubella Vaccine Administered Value Set</u>) and at least one mumps vaccination or history of the illness (<u>Mumps Vaccine Administered Value Set</u>; <u>Mumps Value Set</u>) on the same date of service or on different dates of service. Only count vaccinations that are administered on or between the child’s first and second birthdays (e.g., “Vaccine Administered” value sets). History of illness (<u>Mumps Value Set</u>) can occur on or before the child’s second birthday.</li> <li>At least one measles vaccination or history of the illness (<u>Measles Vaccine Administered Value Set</u>; <u>Measles Value Set</u>) and at least one mumps vaccination or history of the illness (<u>Mumps Vaccine Administered Value Set</u>; <u>Mumps Value Set</u>) and at least one rubella vaccination or history of the illness (<u>Rubella Vaccine Administered Value Set</u>; <u>Rubella Value Set</u>) on the same date of service or on different dates of service. Only count vaccinations that are administered on or between the child’s first</li> </ul>			

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			and second birthdays (e.g., “Vaccine Administered” value sets). History of illness ( <u>Measles Value Set</u> , <u>Mumps Value Set</u> , <u>Rubella Value Set</u> ) can occur on or before the child’s second birthday. <b>Note:</b> <i>General Guideline 35 (i.e., the 14-day rule) does not apply to MMR.</i>
72	Childhood Immunization Status	Administrative Specification—Numerators, VZV	Replace the text in this section with the following text: Either of the following meets criteria: <ul style="list-style-type: none"> <li>• At least one VZV vaccination (<u>Varicella Zoster (VZV) Vaccine Administered Value Set</u>), with a date of service on or between the child’s first and second birthdays.</li> <li>• History of varicella zoster (e.g., chicken pox) illness (<u>Varicella Zoster Value Set</u>) on or before the child’s second birthday.</li> </ul>
72	Childhood Immunization Status	Administrative Specification—Numerators, Hepatitis A	Replace the text in this section with the following text: Either of the following meets criteria: <ul style="list-style-type: none"> <li>• At least one hepatitis A vaccination (<u>Hepatitis A Vaccine Administered Value Set</u>), with a date of service on or between the child’s first and second birthdays.</li> <li>• History of hepatitis A illness (<u>Hepatitis A Value Set</u>) on or before the child’s second birthday.</li> </ul>
74	Childhood Immunization Status	Hybrid Specification—Numerators, Medical Record	Add the following text as a new paragraph after the fourth paragraph: Immunizations documented using a generic header (e.g., polio vaccine) or “IPV/OPV” can be counted as evidence of IPV. The burden on organizations to substantiate the IPV antigen is excessive compared to a risk associated with data integrity.
83	Breast Cancer Screening	Eligible Population—Stratification	Add the following text as a new bullet under the bullet that reads “Other”: <ul style="list-style-type: none"> <li>• Unknown.</li> </ul>
83	Breast Cancer Screening	Eligible Population—Stratification	In the <i>Note</i> , replace the reference to “five” with “six.”
84	Breast Cancer Screening	Exclusions	Replace the text in this section with the following text: Exclude members who meet any of the following criteria: <b>Note:</b> <i>Supplemental and medical record data may not be used for these exclusions.</i> <ul style="list-style-type: none"> <li>• Medicare members 66 years of age and older as of December 31 of the measurement year who meet either of the following: <ul style="list-style-type: none"> <li>– Enrolled in an Institutional SNP (I-SNP) any time during the measurement year.</li> <li>– Living long-term in an institution any time during the measurement year as identified by the LTI flag in the Monthly Membership Detail Data File. Use the run date of the file to determine if a member had an LTI flag during the measurement year.</li> </ul> </li> </ul>

Page	Measure/Guideline	Head/Subtitle	Update
			<ul style="list-style-type: none"> <li>Members 66 years of age and older as of December 31 of the measurement year (all product lines) with frailty <b>and</b> advanced illness. Members must meet <b>BOTH</b> of the following frailty and advanced illness criteria to be excluded:               <ol style="list-style-type: none"> <li>At least one claim/encounter for frailty (<u>Frailty Value Set</u>) during the measurement year.</li> <li>Any of the following during the measurement year or the year prior to the measurement year (count services that occur over both years):                   <ul style="list-style-type: none"> <li>At least two outpatient visits (<u>Outpatient Value Set</u>), observation visits (<u>Observation Value Set</u>), ED visits (<u>ED Value Set</u>) or nonacute inpatient encounters (<u>Nonacute Inpatient Value Set</u>) on different dates of service, with an advanced illness diagnosis (<u>Advanced Illness Value Set</u>). Visit type need not be the same for the two visits.</li> <li>At least one acute inpatient encounter (<u>Acute Inpatient Value Set</u>) with an advanced illness diagnosis (<u>Advanced Illness Value Set</u>).</li> <li>A dispensed dementia medication (<u>Dementia Medications List</u>).</li> </ul> </li> </ol> </li> </ul>
85	Breast Cancer Screening	Exclusion (optional)	Replace all references of “ <b>without</b> a modifier” with “ <b>without</b> a right, left or bilateral modifier ( <u>Right Modifier Value Set</u> , <u>Left Modifier Value Set</u> , <u>Bilateral Modifier Value Set</u> ).”
86	Breast Cancer Screening	Table BCS-3: Data Elements for Breast Cancer Screening	Replace all references to “Each of the 5 stratifications and total” with “Each of the 6 stratifications and total.”
91	Colorectal Cancer Screening	Eligible Population—Stratification	Add the following text as a new bullet under the bullet that reads “Other”: <ul style="list-style-type: none"> <li>Unknown.</li> </ul>
91	Colorectal Cancer Screening	Eligible Population—Stratification	In the <i>Note</i> , replace the reference to “five” with “six.”
92	Colorectal Cancer Screening	Exclusions	<p>Replace the text in this section with the following text:</p> <p>Exclude members who meet any of the following criteria:</p> <p><b>Note:</b> <i>Supplemental and medical record data may not be used for these exclusions.</i></p> <ul style="list-style-type: none"> <li>Medicare members 66 years of age and older as of December 31 of the measurement year who meet either of the following:           <ul style="list-style-type: none"> <li>Enrolled in an Institutional SNP (I-SNP) any time during the measurement year.</li> <li>Living long-term in an institution any time during the measurement year as identified by the LTI flag in the Monthly Membership Detail Data File. Use the run date of the file to determine if a member had an LTI flag during the measurement year.</li> </ul> </li> <li>Members 66 years of age and older as of December 31 of the measurement year (all product lines) with frailty <b>and</b> advanced illness. Members must meet <b>BOTH</b> of the following frailty and advanced illness criteria to be excluded:</li> </ul>

Page	Measure/Guideline	Head/Subtitle	Update
			<ol style="list-style-type: none"> <li>1. At least one claim/encounter for frailty (<u>Frailty Value Set</u>) during the measurement year.</li> <li>2. Any of the following during the measurement year or the year prior to the measurement year (count services that occur over both years): <ul style="list-style-type: none"> <li>– At least two outpatient visits (<u>Outpatient Value Set</u>), observation visits (<u>Observation Value Set</u>), ED visits (<u>ED Value Set</u>) or nonacute inpatient encounters (<u>Nonacute Inpatient Value Set</u>) on different dates of service, with an advanced illness diagnosis (<u>Advanced Illness Value Set</u>). Visit type need not be the same for the two visits.</li> <li>– At least one acute inpatient encounter (<u>Acute Inpatient Value Set</u>) with an advanced illness diagnosis (<u>Advanced Illness Value Set</u>).</li> <li>– A dispensed dementia medication (<u>Dementia Medications List</u>).</li> </ul> </li> </ol>
96	Colorectal Cancer Screening	Table COL-3: Data Elements for Colorectal Cancer Screening	Replace all references to “Each of the 5 stratifications and total” with “Each of the 6 stratifications and total.”
105	Care for Older Adults	Hybrid Specification—Numerators, Pain Assessment, Medical Record	<p>Add the following text as a new paragraph after the dashes:</p> <p>Do not include pain assessments performed in an acute inpatient setting.</p>
116	Pharmacotherapy Management of COPD Exacerbation	Event/diagnosis—step 2	<p>Replace the sentence “An acute inpatient discharge and ED visit on the same date are counted as two COPD episodes.” with the following:</p> <p>An acute inpatient discharge and ED visit on the same date are counted as one COPD episode (ED visits that result in an inpatient stay are excluded in step 1).</p>
126	Asthma Medication Ratio	Event/diagnosis—Step 1	<p>Remove the bullet in front of the following paragraph (this text is a separate paragraph under the previous bullet):</p> <p>Only three of the four visits may be a telehealth visit, a telephone visit or an online assessment. Identify telehealth visits by the presence of a telehealth modifier (<u>Telehealth Modifier Value Set</u>) or the presence of a telehealth POS code (<u>Telehealth POS Value Set</u>) associated with the outpatient visit. Use the code combinations below to identify telephone visits and online assessments:</p>
131	Controlling High Blood Pressure	Eligible Population—Exclusions	<p>Replace the text in this section with the following text:</p> <p>Exclude members who meet any of the following criteria:</p> <p><b>Note:</b> <i>Supplemental and medical record data may not be used for these exclusions.</i></p> <ul style="list-style-type: none"> <li>• Medicare members 66 years of age and older as of December 31 of the measurement year who meet either of the following: <ul style="list-style-type: none"> <li>– Enrolled in an Institutional SNP (I-SNP) any time during the measurement year.</li> </ul> </li> </ul>

Page	Measure/Guideline	Head/Subtitle	Update
			<p>– Living long-term in an institution any time during the measurement year as identified by the LTI flag in the Monthly Membership Detail Data File. Use the run date of the file to determine if a member had an LTI flag during the measurement year.</p> <ul style="list-style-type: none"> <li>• Members 66–80 years of age as of December 31 of the measurement year (all product lines) with frailty <b>and</b> advanced illness. Members must meet <b>BOTH</b> of the following frailty and advanced illness criteria to be excluded:               <ol style="list-style-type: none"> <li>1. At least one claim/encounter for frailty (<u>Frailty Value Set</u>) during the measurement year.</li> <li>2. Any of the following during the measurement year or the year prior to the measurement year (count services that occur over both years):                   <ul style="list-style-type: none"> <li>– At least two outpatient visits (<u>Outpatient Value Set</u>), observation visits (<u>Observation Value Set</u>), ED visits (<u>ED Value Set</u>) or nonacute inpatient encounters (<u>Nonacute Inpatient Value Set</u>) on different dates of service, with an advanced illness diagnosis (<u>Advanced Illness Value Set</u>). Visit type need not be the same for the two visits.</li> <li>– At least one acute inpatient encounter (<u>Acute Inpatient Value Set</u>) with an advanced illness diagnosis (<u>Advanced Illness Value Set</u>).</li> <li>– A dispensed dementia medication (<u>Dementia Medications List</u>).</li> </ul> </li> </ol> </li> <li>• Members 81 years of age and older as of December 31 of the measurement year (all product lines) with frailty (<u>Frailty Value Set</u>) during the measurement year.</li> </ul>
138	Persistence of Beta-Blocker Treatment After a Heart Attack	Eligible Population—Exclusions	<p>Replace the text in this section with the following text: Exclude members who meet any of the following criteria: <b>Note:</b> <i>Supplemental and medical record data may not be used for these exclusions.</i></p> <ul style="list-style-type: none"> <li>• Medicare members 66 years of age and older as of December 31 of the measurement year who meet either of the following:               <ul style="list-style-type: none"> <li>– Enrolled in an Institutional SNP (I-SNP) any time during the measurement year.</li> <li>– Living long-term in an institution any time during the measurement year as identified by the LTI flag in the Monthly Membership Detail Data File. Use the run date of the file to determine if a member had an LTI flag during the measurement year.</li> </ul> </li> <li>• Members 66–80 years of age as of December 31 of the measurement year (all product lines) with frailty <b>and</b> advanced illness. Members must meet <b>BOTH</b> of the following frailty and advanced illness criteria to be excluded:               <ol style="list-style-type: none"> <li>1. At least one claim/encounter for frailty (<u>Frailty Value Set</u>) during the measurement year.</li> <li>2. Any of the following during the measurement year or the year prior to the measurement year (count services that occur over both years):                   <ul style="list-style-type: none"> <li>– At least two outpatient visits (<u>Outpatient Value Set</u>), observation visits (<u>Observation Value Set</u>), ED visits (<u>ED Value Set</u>) or nonacute inpatient encounters (<u>Nonacute Inpatient Value Set</u>) on</li> </ul> </li> </ol> </li> </ul>

Page	Measure/Guideline	Head/Subtitle	Update
			<p>different dates of service, with an advanced illness diagnosis (<u>Advanced Illness Value Set</u>). Visit type need not be the same for the two visits.</p> <ul style="list-style-type: none"> <li>– At least one acute inpatient encounter (<u>Acute Inpatient Value Set</u>) with an advanced illness diagnosis (<u>Advanced Illness Value Set</u>).</li> <li>– A dispensed dementia medication (<u>Dementia Medications List</u>).</li> </ul> <ul style="list-style-type: none"> <li>• Members 81 years of age and older as of December 31 of the measurement year (all product lines) with frailty (<u>Frailty Value Set</u>) during the measurement year.</li> </ul>
144	Statin Therapy for Patients With Cardiovascular Conditions	Event/diagnosis— Step 3: Exclusions	<p>Replace the text in this section with the following text: Exclude members who meet any of the following criteria: <b>Note:</b> <i>Supplemental and medical record data may not be used for these exclusions.</i></p> <ul style="list-style-type: none"> <li>• Medicare members 66 years of age and older as of December 31 of the measurement year who meet either of the following: <ul style="list-style-type: none"> <li>– Enrolled in an Institutional SNP (I-SNP) any time during the measurement year.</li> <li>– Living long-term in an institution any time during the measurement year as identified by the LTI flag in the Monthly Membership Detail Data File. Use the run date of the file to determine if a member had an LTI flag during the measurement year.</li> </ul> </li> <li>• Members 66 years of age and older as of December 31 of the measurement year (all product lines) with frailty <b>and</b> advanced illness. Members must meet <b>BOTH</b> of the following frailty and advanced illness criteria to be excluded: <ol style="list-style-type: none"> <li>1. At least one claim/encounter for frailty (<u>Frailty Value Set</u>) during the measurement year.</li> <li>2. Any of the following during the measurement year or the year prior to the measurement year (count services that occur over both years): <ul style="list-style-type: none"> <li>– At least two outpatient visits (<u>Outpatient Value Set</u>), observation visits (<u>Observation Value Set</u>), ED visits (<u>ED Value Set</u>) or nonacute inpatient encounters (<u>Nonacute Inpatient Value Set</u>) on different dates of service, with an advanced illness diagnosis (<u>Advanced Illness Value Set</u>). Visit type need not be the same for the two visits.</li> <li>– At least one acute inpatient encounter (<u>Acute Inpatient Value Set</u>) with an advanced illness diagnosis (<u>Advanced Illness Value Set</u>).</li> <li>– A dispensed dementia medication (<u>Dementia Medications List</u>).</li> </ul> </li> </ol> </li> </ul>
146	Statin Therapy for Patients With Cardiovascular Disease	Eligible Population: Rate 2—Statin Adherence 80%	<p>Replace the <i>Note</i> at the top of the section with the following text: <b>Note:</b> <i>Members in hospice are excluded from the eligible population. Refer to General Guideline 17: Members in Hospice.</i></p>
151	Comprehensive Diabetes Care	Eligible Population— Stratification	<p>Add the following bullet under the bullet that reads “Other”:</p> <ul style="list-style-type: none"> <li>• Unknown.</li> </ul>

Page	Measure/Guideline	Head/Subtitle	Update
151	Comprehensive Diabetes Care	Eligible Population—Stratification	<ul style="list-style-type: none"> <li>In the <i>Note</i>, replace the reference to “five” with “six.”</li> </ul>
153	Comprehensive Diabetes Care	Eligible Population—Exclusions	<p>Replace the text in this section with the following text: Exclude members who meet any of the following criteria:</p> <p><b>Note:</b> <i>Supplemental and medical record data may not be used for these exclusions.</i></p> <ul style="list-style-type: none"> <li>Medicare members 66 years of age and older as of December 31 of the measurement year who meet either of the following: <ul style="list-style-type: none"> <li>Enrolled in an Institutional SNP (I-SNP) any time during the measurement year.</li> <li>Living long-term in an institution any time during the measurement year as identified by the LTI flag in the Monthly Membership Detail Data File. Use the run date of the file to determine if a member had an LTI flag during the measurement year.</li> </ul> </li> <li>Members 66 years of age and older as of December 31 of the measurement year (all product lines) with frailty <b>and</b> advanced illness. Members must meet <b>BOTH</b> of the following frailty and advanced illness criteria to be excluded: <ol style="list-style-type: none"> <li>At least one claim/encounter for frailty (<u>Frailty Value Set</u>) during the measurement year.</li> <li>Any of the following during the measurement year or the year prior to the measurement year (count services that occur over both years): <ul style="list-style-type: none"> <li>At least two outpatient visits (<u>Outpatient Value Set</u>), observation visits (<u>Observation Value Set</u>), ED visits (<u>ED Value Set</u>) or nonacute inpatient encounters (<u>Nonacute Inpatient Value Set</u>) on different dates of service, with an advanced illness diagnosis (<u>Advanced Illness Value Set</u>). Visit type need not be the same for the two visits.</li> <li>At least one acute inpatient encounter (<u>Acute Inpatient Value Set</u>) with an advanced illness diagnosis (<u>Advanced Illness Value Set</u>).</li> <li>A dispensed dementia medication (<u>Dementia Medications List</u>).</li> </ul> </li> </ol> </li> </ul>
168	Comprehensive Diabetes Care	Table CDC-3-B: Data Elements for Comprehensive Diabetes Care: Eye Exam (Medicare SES Stratifications only. Report the Total Medicare population in Table CDC-1/2/3)	Replace all references to “Each of the 5 stratifications” with “Each of the 6 stratifications.”
173	Statin Therapy for Patients With Diabetes	Eligible Population—Rate 1—Received Statin	<p>Replace the text in this section with the following text: Exclude members who meet any of the following criteria:</p>

Page	Measure/Guideline	Head/Subtitle	Update
		Therapy—Step 3: Exclusions	<p><b>Note:</b> <i>Supplemental and medical record data may not be used for these exclusions.</i></p> <ul style="list-style-type: none"> <li>• Medicare members 66 years of age and older as of December 31 of the measurement year who meet either of the following: <ul style="list-style-type: none"> <li>– Enrolled in an Institutional SNP (I-SNP) any time during the measurement year.</li> <li>– Living long-term in an institution any time during the measurement year as identified by the LTI flag in the Monthly Membership Detail Data File. Use the run date of the file to determine if a member had an LTI flag during the measurement year.</li> </ul> </li> <li>• Members 66 years of age and older as of December 31 of the measurement year (all product lines) with frailty <b>and</b> advanced illness. Members must meet <b>BOTH</b> of the following frailty and advanced illness criteria to be excluded: <ol style="list-style-type: none"> <li>1. At least one claim/encounter for frailty (<u>Frailty Value Set</u>) during the measurement year.</li> <li>2. Any of the following during the measurement year or the year prior to the measurement year (count services that occur over both years): <ul style="list-style-type: none"> <li>– At least two outpatient visits (<u>Outpatient Value Set</u>), observation visits (<u>Observation Value Set</u>), ED visits (<u>ED Value Set</u>) or nonacute inpatient encounters (<u>Nonacute Inpatient Value Set</u>) on different dates of service, with an advanced illness diagnosis (<u>Advanced Illness Value Set</u>). Visit type need not be the same for the two visits.</li> <li>– At least one acute inpatient encounter (<u>Acute Inpatient Value Set</u>) with an advanced illness diagnosis (<u>Advanced Illness Value Set</u>).</li> <li>– A dispensed dementia medication (<u>Dementia Medications List</u>).</li> </ul> </li> </ol> </li> </ul>
174	Statin Therapy for Patients With Diabetes	Eligible Population—Rate 2—Statin Adherence 80%	<p>Replace the <i>Note</i> at the top of the section with the following text:</p> <p><b>Note:</b> <i>Members in hospice are excluded from the eligible population. Refer to General Guideline 17: Members in Hospice.</i></p>
179	Disease-Modifying Anti-Rheumatic Drug Therapy for Rheumatoid Arthritis	Eligible Population—Event/diagnosis	<p>Replace the second paragraph with the following text:</p> <p>Count a nonacute-to-nonacute direct transfer as two discharges only if both discharges have a diagnosis of rheumatoid arthritis and different discharge dates.</p>
179	Disease-Modifying Anti-Rheumatic Drug Therapy for Rheumatoid Arthritis	Exclusions	<p>Replace the text in this section with the following text:</p> <p>Exclude members who meet any of the following criteria:</p> <p><b>Note:</b> <i>Supplemental and medical record data may not be used for these exclusions.</i></p> <ul style="list-style-type: none"> <li>• Medicare members 66 years of age and older as of December 31 of the measurement year who meet either of the following: <ul style="list-style-type: none"> <li>– Enrolled in an Institutional SNP (I-SNP) any time during the measurement year.</li> </ul> </li> </ul>



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			<p>– Living long-term in an institution any time during the measurement year as identified by the LTI flag in the Monthly Membership Detail Data File. Use the run date of the file to determine if a member had an LTI flag during the measurement year.</p> <ul style="list-style-type: none"> <li>• Members 66–80 years of age as of December 31 of the measurement year (all product lines) with frailty <b>and</b> advanced illness. Members must meet <b>BOTH</b> of the following frailty and advanced illness criteria to be excluded:               <ol style="list-style-type: none"> <li>1. At least one claim/encounter for frailty (<u>Frailty Value Set</u>) during the measurement year.</li> <li>2. Any of the following during the measurement year or the year prior to the measurement year (count services that occur over both years):                   <ul style="list-style-type: none"> <li>– At least two outpatient visits (<u>Outpatient Value Set</u>), observation visits (<u>Observation Value Set</u>), ED visits (<u>ED Value Set</u>) or nonacute inpatient encounters (<u>Nonacute Inpatient Value Set</u>) on different dates of service, with an advanced illness diagnosis (<u>Advanced Illness Value Set</u>). Visit type need not be the same for the two visits.</li> <li>– At least one acute inpatient encounter (<u>Acute Inpatient Value Set</u>) with an advanced illness diagnosis (<u>Advanced Illness Value Set</u>).</li> <li>– A dispensed dementia medication (<u>Dementia Medications List</u>).</li> </ul> </li> </ol> </li> <li>• Members 81 years of age and older as of December 31 of the measurement year (all product lines) with frailty (<u>Frailty Value Set</u>) during the measurement year.</li> </ul>
182	Osteoporosis Management in Women Who Had a Fracture	Definitions—Negative Diagnosis History	<p>Replace the fourth paragraph with the following text:  <i>For inpatient stays that were a result of an ED or observation visit, use the date of the ED or observation visit to determine Negative Diagnosis History.</i></p>
184	Osteoporosis Management in Women Who Had a Fracture	Eligible Population—Event/diagnosis—Step 5: Exclusions	<p>Replace the text in this section with the following text:            Exclude members who meet any of the following criteria:  <b>Note:</b> <i>Supplemental and medical record data may not be used for these exclusions.</i></p> <ul style="list-style-type: none"> <li>• Members 67 years of age and older as of December 31 of the measurement year who meet either of the following:               <ul style="list-style-type: none"> <li>– Enrolled in an Institutional SNP (I-SNP) any time during the measurement year.</li> <li>– Living long-term in an institution any time during the measurement year as identified by the LTI flag in the Monthly Membership Detail Data File. Use the run date of the file to determine if a member had an LTI flag during the measurement year.</li> </ul> </li> <li>• Members 67–80 years of age as of December 31 of the measurement year (all product lines) with frailty <b>and</b> advanced illness. Members must meet <b>BOTH</b> of the following frailty and advanced illness criteria to be excluded:               <ol style="list-style-type: none"> <li>1. At least one claim/encounter for frailty (<u>Frailty Value Set</u>) during the measurement year.</li> </ol> </li> </ul>

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			<p>2. Any of the following during the measurement year or the year prior to the measurement year (count services that occur over both years):</p> <ul style="list-style-type: none"> <li>– At least two outpatient visits (<u>Outpatient Value Set</u>), observation visits (<u>Observation Value Set</u>), ED visits (<u>ED Value Set</u>) or nonacute inpatient encounters (<u>Nonacute Inpatient Value Set</u>) on different dates of service, with an advanced illness diagnosis (<u>Advanced Illness Value Set</u>). Visit type need not be the same for the two visits.</li> <li>– At least one acute inpatient encounter (<u>Acute Inpatient Value Set</u>) with an advanced illness diagnosis (<u>Advanced Illness Value Set</u>).</li> <li>– A dispensed dementia medication (<u>Dementia Medications List</u>).</li> </ul> <ul style="list-style-type: none"> <li>• Members 81 years of age and older as of December 31 of the measurement year (all product lines) with frailty (<u>Frailty Value Set</u>) during the measurement year.</li> </ul>
185	Osteoporosis Management in Women Who Had a Fracture	Administrative Specification—Numerator, Osteoporosis Medications	Replace the medication “Albandronate” with “Abaloparotide” in the Other Agents row.
195	Follow-Up Care for Children Prescribed ADHD Medication	Eligible Population: Rate 2—C&M Phase	<p>Replace the <i>Note</i> at the top of the section with the following text:</p> <p><b>Note:</b> <i>Members in hospice are excluded from the eligible population. Refer to General Guideline 17: Members in Hospice.</i></p>
199	Follow-Up After Hospitalization for Mental Illness	Event/diagnosis—Acute readmission or direct transfer	In the third paragraph, replace the reference to “mental illness” with “mental health disorder.”
215	Diabetes Monitoring for People With Diabetes and Schizophrenia	Event/diagnosis—Step 1	<p>Replace the dashed text that reads “electroconvulsive therapy” with the following text:</p> <ul style="list-style-type: none"> <li>– Electroconvulsive therapy (<u>Electroconvulsive Therapy Value Set</u>) <b>with</b> any diagnosis of schizophrenia or schizoaffective disorder (<u>Schizophrenia Value Set</u>).</li> </ul>
216	Diabetes Monitoring for People With Diabetes and Schizophrenia	Event/diagnosis—Step 2	<p>Remove the bullet in front of the following paragraphs (this text is two separate paragraphs under the previous bullet):</p> <p>Only include nonacute inpatient encounters (<u>Nonacute Inpatient Value Set</u>) <b>without</b> telehealth (<u>Telehealth Modifier Value Set</u>; <u>Telehealth POS Value Set</u>).</p> <p>Only one of the two visits may be a telehealth visit, a telephone visit or an online assessment. Identify telehealth visits by the presence of a telehealth modifier (<u>Telehealth Modifier Value Set</u>) or the presence of a telehealth POS code (<u>Telehealth POS Value Set</u>) associated with the outpatient visit. Use the code combinations below to identify telephone visits and online assessments:</p> <ul style="list-style-type: none"> <li>– A telephone visit (<u>Telephone Visits Value Set</u>) <b>with</b> any diagnosis of diabetes (<u>Diabetes Value Set</u>).</li> <li>– An online assessment (<u>Online Assessments Value Set</u>) <b>with</b> any diagnosis of diabetes (<u>Diabetes Value Set</u>).</li> </ul>

Page	Measure/Guideline	Head/Subtitle	Update
220	Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia	Event/diagnosis—Step 1	Replace the electroconvulsive therapy dash with the following text: – Electroconvulsive therapy ( <a href="#">Electroconvulsive Therapy Value Set</a> ) <b>with</b> any diagnosis of schizophrenia or schizoaffective disorder ( <a href="#">Schizophrenia Value Set</a> ).
224	Adherence to Antipsychotic Medications for Individuals With Schizophrenia	Event/diagnosis—Step 1	Replace the electroconvulsive therapy dash with the following text: – Electroconvulsive therapy ( <a href="#">Electroconvulsive Therapy Value Set</a> ) <b>with</b> any diagnosis of schizophrenia or schizoaffective disorder ( <a href="#">Schizophrenia Value Set</a> ).
242	Transitions of Care	Hybrid Specification—Denominator	Replace the third paragraph with the following text: Organizations that use the Hybrid Method to report the Medication Reconciliation Post Discharge and Transition of Care measures may use the same sample for both measures. Organizations may reduce the sample size based only on the prior year’s audited, product line-specific rate for the lowest rate of all TRC rates and MRP rate.  If a separate sample from the MRP measure is used for TRC, organizations may reduce the sample based only on the prior year’s audited, product line-specific rate for the lowest TRC indicator.
244	Transitions of Care	Hybrid Specification—Numerators, Receipt of Discharge Information, Medical Record	Replace the fourth bullet with the following text: • Current medication list.
253	Non-Recommended Cervical Cancer Screening in Adolescent Females	Table NCS-1/2: Data Elements for Non-Recommended Cervical Cancer Screening in Adolescent Females	Remove the “Numerator events by supplemental data” row.
255	Non-Recommended PSA-Based Screening in Older Men	Table PSA-3: Data Elements for Non-Recommended PSA-Based Screening in Older Men	Remove the “Numerator events by supplemental data” row.
259	Appropriate Treatment for Children With Upper Respiratory Infection	Table URI-1/2: Data Elements for Appropriate Treatment for Children With Upper Respiratory Infection	Remove the “Numerator events by supplemental data” row.

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264	Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis	Table AAB-1/2: Data Elements for Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis	Remove the “Numerator events by supplemental data” row.
268	Use of Imaging Studies for Low Back Pain	Table LBP-1/2: Data Elements for Use of Imaging Studies for Low Back Pain	Remove the “Numerator events by supplemental data” row.
278	Potentially Harmful Drug-Disease Interactions in the Elderly	Table DDE-3: Data Elements for Potentially Harmful Drug-Disease Interactions in the Elderly	Remove the “Numerator events by supplemental data” row.
283	Use of High-Risk Medications in the Elderly	Table DAE-3: Data Elements for Use of High-Risk Medications in the Elderly	Remove the “Numerator events by supplemental data” row.
284	Use of Opioids at High Dosage	Measure Description— <i>Note</i>	Remove the second sentence, which reads: <i>The proportion will be calculated and displayed as a permillage (multiplied by 1,000) instead of a percentage in reports.</i>
287	Use of Opioids at High Dosage	Table UOD-A: Opioid Morphine Milligram Equivalent Conversion Factors <sup>1</sup>	Remove the second footnote under the table, which reads: MME conversion factor for buprenorphine patches is 12.6 based on the assumption that one milligram of parenteral buprenorphine is equivalent to 75 milligrams of oral morphine and that one patch delivers the dispensed micrograms per hour over a 24 hour day and remains in place for 7 days. Using the formula, Strength per Unit * (Number of Units/ Days Supply) * MME conversion factor = MME/Day: 5 µg/hr. buprenorphine patch * (4 patches/28 days) * 12.6 = 9 MME/day.
288	Use of Opioids at High Dosage	Table UOD-1/2: Data Elements for Use of Opioids at High Dosage	Remove the “Numerator events by supplemental data” row.
289	Use of Opioids From Multiple Providers	Measure Description— <i>Note</i>	Remove the second sentence, which reads: <i>The proportion will be calculated and displayed as a permillage (multiplied by 1,000) instead of a percentage in reports.</i>

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292	Use of Opioids From Multiple Providers	Table UOP-1/2: Data Elements for Use of Opioids From Multiple Providers	Remove the “Number events by supplemental data” row.
293	Risk of Continued Opioid Use	Measure Definitions—IPSD	Replace the second sentence of the definition with the following text: The earliest prescription dispensing date for an opioid medication during the Intake Period.
295	Risk of Continued Opioid Use	Table COU-1/2: Data Elements for Risk of Continued Opioid Use	Remove the “Number events by supplemental data” row.
295	Risk of Continued Opioid Use	Data Elements for Reporting	Replace the table name with the following text: <ul style="list-style-type: none"> <li>Table COU-1/2/3: Data Elements for Risk of Continued Opioid Use</li> </ul>
321	Initiation and Engagement of AOD Abuse or Dependence Treatment	Initiation of AOD Treatment	Replace the second paragraph with the following: If the Index Episode was an inpatient discharge (or an ED/observation visit that resulted in an inpatient stay), the inpatient stay is considered initiation of treatment and the member is compliant.
351	Well-Child Visits in the First 15 Months of Life	Note	Add the following as the third bullet under <b>Mental Developmental History</b> : <ul style="list-style-type: none"> <li>Notation of “well-developed.”</li> </ul>
355	Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life	Note	Add the following as the third bullet under <b>Mental Developmental History</b> : <ul style="list-style-type: none"> <li>Notation of “well-developed.”</li> </ul>
359	Adolescent Well-Care Visits	Note	Add the following as the third bullet under <b>Mental Developmental History</b> : <ul style="list-style-type: none"> <li>Notation of “well-developed.”</li> </ul>
384	Identification of Alcohol and Other Drug Services	Table IAD-1/2/3: Identification of Alcohol and other Drug Services	Replace all “MAT” references with “medication treatment.”
404	Standardized Healthcare-Associated Infection Ratio	Entire Measure Specification	Remove the Definitions, Eligible Population, Calculations of Hospital Discharge Weight, Calculation of Weighted Standardized Infection Ratios (SIR), and data elements sections in their entirety from the measure specification. Replace the text in the Summary of Changes to HEDIS 2019 section with the following text:  The HAI measure is suspended and will not be collected for HEDIS 2019 reporting. Due to the suspended status of the measure, the specifications, value sets and the Standard Infection Ratio (SIR) table are being removed from the <i>HEDIS 2019 Volume 2: Technical Specifications</i> .

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410	Guidelines for Risk Adjusted Utilization Measures	Guideline 1	In the first sentence replace the reference to “IHU” with “AHU.”			
411	Guidelines for Risk Adjusted Utilization Measures	Guideline 5	Add the following text as a new bullet under the bullet that reads “Other”: <ul style="list-style-type: none"> <li>• <i>Unknown</i>: Member’s SES is unknown. May be &gt;0 only for Puerto Rico plans, or if the auditor approved a small number of unassigned members*.</li> </ul>			
411	Guidelines for Risk Adjusted Utilization Measures	Guideline 5	Add the following text below the last bullet: *Plans must work with auditors to uncover anomalies early (e.g., during preliminary rate review) and attempt to resolve the cause. NCQA will use the findings from first-year reporting to determine any necessary changes. Medicare members in Puerto Rico must be counted in the Unknown strata.			
411	Guidelines for Risk Adjusted Utilization Measures	Guideline 5	Add the following text below the last bullet that reads “Total Medicare: Total of all categories above”: Use the following SES Stratification Logic table below to determine the member’s stratification using the last three months of the continuous enrollment period. Use the file run date to determine the member’s stratification in the last three months of the continuous enrollment period.			
412	Guidelines for Risk Adjusted Utilization Measures	Guideline 5—SES Stratifications Logic	In the “Strata” column, replace “LIS/DE only” with “LIS/DE.”			
412	Guidelines for Risk Adjusted Utilization Measures	Guideline 5—SES Stratifications Logic	In the “Strata” column, replace “Disability only” with “Disability.”			
412	Guidelines for Effectiveness of Care Measures	SES stratification—SES Stratifications Logic	In the “Other” row, replace the text in the “Rationale” column with the following text: Counts ESRD and 9 (None of the above).			
412	Guidelines for Risk Adjusted Utilization Measures	Guideline 5—SES Stratifications Logic	Add the following row under the “Other” row in the table: <table border="1" style="margin-left: 40px;"> <tr> <td style="width: 30%;">Unknown</td> <td style="width: 30%;"></td> <td style="width: 40%;">Count members with no values assigned in the Monthly Membership Detail Data Files. <i>Subject to auditor review and approval.</i></td> </tr> </table>	Unknown		Count members with no values assigned in the Monthly Membership Detail Data Files. <i>Subject to auditor review and approval.</i>
Unknown		Count members with no values assigned in the Monthly Membership Detail Data Files. <i>Subject to auditor review and approval.</i>				
412	Guidelines for Risk Adjusted Utilization Measures	Guideline 5—SES Stratifications Logic	Add the following text below the table: <b>Note:</b>			

Page	Measure/Guideline	Head/Subtitle	Update							
			<ul style="list-style-type: none"> <li>Members who enroll in Medicare in the last 2 months of the continuous enrollment period, but are continuously enrolled for the measure, should be counted in either “Non-LIS/DE, Non-disability,” “Disability,” “Other” or “Unknown” based on item 48 in the last month of their continuous enrollment (these members will have less than 3 months of records in the Monthly Membership Detail Data File).</li> <li>If item 35:                             <ul style="list-style-type: none"> <li>Has the same value in the last 3 months of continuous enrollment, use that value.</li> <li>Has the same value in 2 of the last 3 months of the continuous enrollment, use that value.</li> <li>Has different values in each of the last 3 months of continuous enrollment, use the value in the last month.</li> </ul> </li> </ul>							
412	Guidelines for Risk Adjusted Utilization Measures	Utilization Risk Adjustment Determination—Step 1	Add the following text as the last sentence in the third paragraph: For the HFS measure, exclude the primary discharge diagnosis on the skilled nursing facility discharge (SND) to the community.							
417	Plan All-Cause Readmissions	Eligible Population—Stratification	Add the following text as a new bullet under the bullet that reads “Other”: <ul style="list-style-type: none"> <li>Unknown.</li> </ul>							
417	Plan All-Cause Readmissions	Eligible Population—Stratification	In the <i>Note</i> , replace the reference to “five” with “six.”							
422	Plan All-Cause Readmissions	Administrative Specification—Reporting: SES Stratification (Medicare only)	Add the following text as a new bullet under the bullet that reads “Other: Member has ESRD-only status or is assigned ‘9-none of the above’”: <ul style="list-style-type: none"> <li>Unknown: Member’s SES is unknown.</li> </ul>							
425	Plan All-Cause Readmissions	Table PCR-B-3: Plan All-Cause Readmissions Rates by SES Stratification (Medicare, 18-64)	Add the following row under the “Other” row: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">Unknown</td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> </tr> </table>	Unknown						
Unknown										
425	Plan All-Cause Readmissions	Table PCR-D-3: Plan All-Cause Readmissions Rates by SES Stratification (Medicare, 65+)	Add the following row under the “Other” row: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 15%;">Unknown</td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> <td style="width: 15%;"></td> </tr> </table>	Unknown						
Unknown										
425	Plan All-Cause Readmissions	Table PCR-D-3: Plan All-Cause Readmissions Rates by SES Stratification (Medicare, 65+)	In the asterisked text below the table, replace the reference to “Table PCR-B-3” with “Table PCR-C-3.”							

Page	Measure/Guideline	Head/Subtitle	Update
430	Hospitalization Following Discharge From a Skilled Nursing Facility	Numerator—Step 1	<p>Add the following text at the end of Step 1:</p> <p><b>Note:</b> Count each unique acute inpatient admission or observation stay hospitalization only once toward the numerator, for the last denominator event.</p> <p>If a single numerator event meets criteria for multiple denominator events, only count the last denominator event. For example, consider the following events:</p> <ul style="list-style-type: none"> <li>• SNF Stay 1: May 1–10.</li> <li>• SNF Stay 2: May 15–25.</li> <li>• Acute Inpatient Stay: May 30–June 5.</li> </ul> <p>The SND of May 10 and May 25 are included as denominator events. The acute inpatient stay counts as a numerator event only towards the last denominator event (Stay 2, May 15–25).</p>
430	Hospitalization Following Discharge From a Skilled Nursing Facility	Reporting: Count of Expected Hospitalizations	<p>Replace the text in this section with the following text:</p> <p><b>Step 1</b> Calculate the number of expected inpatient admission or observation stay hospitalizations for each age and total, for each category (30-day hospitalization, 60-day hospitalization).</p> <p><b>Step 2</b> Round to four decimal places using the .5 rule and enter the Count of Expected Hospitalizations into the reporting tables.</p>
431	Hospitalization Following Discharge From a Skilled Nursing Facility	Reporting: Variance	<p>Replace the text in this section with the following text:</p> <p><b>Step 1</b> Calculate the variance (from Risk Adjustment Weighting, step 8) for each age and overall total, for each category (30-day hospitalization, 60-day hospitalization).</p> <p><b>Step 2</b> Round to four decimal places using the .5 rule and enter the variance into the reporting tables.</p>
439	Acute Hospital Utilization	Expected count of hospitalization—Step 5	Replace “Truncate the variance for reporting to 4 decimal places” to “Round the variance for reporting to 4 decimal places using the .5 rule” in the second paragraph.
439	Acute Hospital Utilization	Expected count of hospitalization—Step 5	Remove the Note.
441, 442, 443, 444	Acute Hospital Utilization	Table AHU-A-2/3, Table AHU-B-2/3, Table AHU-C-2/3 and Table AHU-D-2/3	<p>Replace the white shading with grey shading in the following rows for each cell in these rows:</p> <ul style="list-style-type: none"> <li>• 18-64 Total Male</li> <li>• 18-64 Total Female</li> <li>• 65+ Total Male</li> <li>• 65+ Total Female</li> </ul>
447	Emergency Department Utilization	Expected count of hospitalization	Replace the section head that reads “Expected count of hospitalization” with “Expected Count of ED Visits.”



Page	Measure/Guideline	Head/Subtitle	Update				
448	Emergency Department Utilization	Risk Adjustment Weighting and Calculation of Expected Events—Step 5 and Step 6	Replace all references to “PPD” with “PPV” and all references to “PUCD” with “PUCV.”				
448	Emergency Department Utilization	Risk Adjustment Weighting and Calculation of Expected Events—Step 6	Replace the sentence that reads “Truncate the variance for reporting to 4 decimal places” with “Round the variance for reporting to 4 decimal places using the .5 rule” in the second paragraph.				
448	Emergency Department Utilization	Risk Adjustment Weighting and Calculation of Expected Events—Step 6	Remove the <i>Note</i> .				
449	Emergency Department Utilization	Reporting: Variance	Replace the reference to “PUCD” with “PUCV.”				
458	Hospitalization for Potentially Preventable Complications	Risk Adjustment Weighting and Calculation of Expected Events—Step 5	Remove the <i>Note</i> .				
492	Depression Screening and Follow-Up for Adolescents and Adults	Characteristics—Stratification	Replace the second bullet with the following text: <ul style="list-style-type: none"> <li>• <i>Product line:</i> <u>Commercial</u>, <u>Medicare</u>, <u>Medicaid</u>.</li> </ul>				
493	Depression Screening and Follow-Up for Adolescents and Adults	Definitions—Depression screening instruments, Instruments for Adults (18+ years)	Remove the following rows: <table border="1" style="margin-left: 20px;"> <tr> <td><u>Depression Scale (DEPS)**</u></td> <td>Total Score ≥9</td> </tr> <tr> <td><u>Duke Anxiety-Depression Scale (DADS)**</u></td> <td>Total Score ≥30</td> </tr> </table>	<u>Depression Scale (DEPS)**</u>	Total Score ≥9	<u>Duke Anxiety-Depression Scale (DADS)**</u>	Total Score ≥30
<u>Depression Scale (DEPS)**</u>	Total Score ≥9						
<u>Duke Anxiety-Depression Scale (DADS)**</u>	Total Score ≥30						
493	Depression Screening and Follow-Up for Adolescents and Adults	Definitions—Depression screening instruments, Instruments for Adults (18+ years)	Replace the last row with the following text: <table border="1" style="margin-left: 20px;"> <tr> <td><u>Clinically Useful Depression Outcome Scale (CUDOS)</u></td> <td>Total Score ≥11</td> </tr> </table>	<u>Clinically Useful Depression Outcome Scale (CUDOS)</u>	Total Score ≥11		
<u>Clinically Useful Depression Outcome Scale (CUDOS)</u>	Total Score ≥11						
493	Depression Screening and Follow-Up for Adolescents and Adults	Definitions—Depression screening instruments	Remove the following asterisked text below the table: ** The LOINC codes were not available at the time of the publication release. They will be included in the release of the <i>HEDIS 2019 Volume 2 Technical Update memo</i> .				
495	Depression Screening and Follow-Up for Adolescents and Adults	Follow-Up on Positive Screen—Numerator 2	Replace the bullet and sub-bullet at the top of the page with the following text: <ul style="list-style-type: none"> <li>– Documentation of additional depression screening indicating either no depression or no symptoms that require follow-up. For example, if the initial positive screen resulted from a PHQ-2 score, documentation of a negative finding from a subsequent PHQ-9 qualifies as evidence of follow-up.</li> </ul>				

Page	Measure/Guideline	Head/Subtitle	Update
495	Depression Screening and Follow-Up for Adolescents and Adults	Data Criteria (Element Level)	Under “Value Sets:” replace the 7th and 8th bullets with the following text: <ul style="list-style-type: none"> <li>• “Intervention, Order: Hospice (2.16.840.1.113883.3.464.1004.1504)”</li> <li>• “Intervention, Performed: Hospice (2.16.840.1.113883.3.464.1004.1504)”</li> </ul>
495	Depression Screening and Follow-Up for Adolescents and Adults	Data Criteria (Element Level)	Add the following bullets to the end of the “Value Sets:” list: <ul style="list-style-type: none"> <li>• “Participation: Commercial (2.16.840.1.113883.3.464.1004.1518)”</li> <li>• “Participation: Medicaid (2.16.840.1.113883.3.464.1004.1517)”</li> <li>• “Participation: Medicare (2.16.840.1.113883.3.464.1004.1516)”</li> </ul>
495	Depression Screening and Follow-Up for Adolescents and Adults	Data Criteria (Element Level)	Under “Direct Reference Codes:” replace the 4th bullet with the following text: <ul style="list-style-type: none"> <li>• “Assessment, Performed: Clinically Useful Depression Outcome Scale [CUDOS] (LOINC Code 90221-3)”</li> </ul>
495	Depression Screening and Follow-Up for Adolescents and Adults	Data Criteria (Element Level)	Remove the following bullets from the “Direct Reference Codes:” list: <ul style="list-style-type: none"> <li>• “Assessment, Performed: Depression scale [DEPS] (LOINC Code Requested)”</li> <li>• “Assessment, Performed: Duke Anxiety Depression Scale [DADS] (LOINC Code Requested)”</li> </ul>
498	Utilization of the PHQ—9 To Monitor Depression Symptoms for Adolescents and Adults	Characteristics—Stratification	Replace the second bullet with the following text: <ul style="list-style-type: none"> <li>• <i>Product line: Commercial, Medicare, Medicaid.</i></li> </ul>
498	Utilization of the PHQ—9 To Monitor Depression Symptoms for Adolescents and Adults	Characteristics—Guidance	Under Requirement #2, replace the second bullet with the following: <ul style="list-style-type: none"> <li>• PHQ-9 Modified for Teens: 12-17 years of age.</li> </ul>
499	Utilization of the PHQ—9 To Monitor Depression Symptoms for Adolescents and Adults	Exclusions	Replace “ <u>Autism spectrum disorder</u> ” with “ <u>Pervasive developmental disorder.</u> ”
500	Utilization of the PHQ—9 To Monitor Depression Symptoms for Adolescents and Adults	Data Criteria (Element Level)	Under “Value Sets:” replace the 7 <sup>th</sup> and 8 <sup>th</sup> bullet with the following text: <ul style="list-style-type: none"> <li>• “Intervention, Order: Hospice (2.16.840.1.113883.3.464.1004.1504)”</li> <li>• “Intervention, Performed: Hospice (2.16.840.1.113883.3.464.1004.1504)”</li> </ul>

Page	Measure/Guideline	Head/Subtitle	Update
500	Utilization of the PHQ—9 To Monitor Depression Symptoms for Adolescents and Adults	Data Criteria (Element Level)	Add the following bullets to the end of the “Value Sets:” list: <ul style="list-style-type: none"> <li>• “Participation: Commercial (2.16.840.1.113883.3.464.1004.1518)”</li> <li>• “Participation: Medicaid (2.16.840.1.113883.3.464.1004.1517)”</li> <li>• “Participation: Medicare (2.16.840.1.113883.3.464.1004.1516)”</li> </ul>
502	Depression Remission or Response for Adolescents and Adults	Characteristics—Stratification	Replace the second bullet with the following text: <ul style="list-style-type: none"> <li>• <i>Product line:</i> <u>Commercial, Medicare, Medicaid.</u></li> </ul>
502	Depression Remission or Response for Adolescents and Adults	Characteristics—Guidance	Under Requirement #1, replace the second bullet with the following: <ul style="list-style-type: none"> <li>• PHQ-9 Modified for Teens: 12-17 years of age.</li> </ul>
503	Depression Remission or Response for Adolescents and Adults	Initial Population	Add the following text as a separate row under “Ages”: <b>Event/Diagnosis</b> Members with a diagnosis of <u>major depression or dysthymia</u> that starts before and overlaps with the intake period or starts during the intake period, <b>and</b> a <u>PHQ-9</u> score >9 during the intake period (IESD).
503	Depression Remission or Response for Adolescents and Adults	Exclusions	Replace “ <u>Autism spectrum disorder</u> ” with “ <u>Pervasive developmental disorder.</u> ”
503	Depression Remission or Response for Adolescents and Adults	Depression Follow-Up	Replace the text in Denominator 1 with the following text: The initial population, minus exclusions.
504	Depression Remission or Response for Adolescents and Adults	Data Criteria (Element Level)	Under “Value Sets:” replace the 6th and 7th bullets with the following text: <ul style="list-style-type: none"> <li>• “Intervention, Order: Hospice (2.16.840.1.113883.3.464.1004.1504)”</li> <li>• “Intervention, Performed: Hospice (2.16.840.1.113883.3.464.1004.1504)”</li> </ul>
504	Depression Remission or Response for Adolescents and Adults	Data Criteria (Element Level)	Add the following bullets to the end of the “Value Sets:” list: <ul style="list-style-type: none"> <li>• “Participation: Commercial (2.16.840.1.113883.3.464.1004.1518)”</li> <li>• “Participation: Medicaid (2.16.840.1.113883.3.464.1004.1517)”</li> <li>• “Participation: Medicare (2.16.840.1.113883.3.464.1004.1516)”</li> </ul>
504	Depression Remission or Response for Adolescents and Adults	Data Elements for Reporting—Table DRR-B-1/2: Data Elements for Depression Remission or Response for Adolescents	In the “Data Element” column remove “Denominator.”

Page	Measure/Guideline	Head/Subtitle	Update
		and Adults (Medicaid and Commercial)	
504	Depression Remission or Response for Adolescents and Adults	Data Elements for Reporting—Table DRR-B-3: Data Elements for Depression Remission or Response for Adolescents and Adults (Medicare)	In the “Data Element” column remove “Denominator.”
506	Unhealthy Alcohol Use Screening and Follow-Up	Characteristics—Stratification	Replace the 2nd bullet with the following text: <ul style="list-style-type: none"> <li>• <i>Product line:</i> <u>Commercial, Medicare, Medicaid.</u></li> </ul>
507	Unhealthy Alcohol Use Screening and Follow-Up	Data Criteria (Element Level)	Under “Value Sets:” replace the 2nd bullet with the following text: <ul style="list-style-type: none"> <li>• “Diagnosis: Dementia (2.16.840.1.113883.3.464.1004.1507)”</li> </ul>
507	Unhealthy Alcohol Use Screening and Follow-Up	Data Criteria (Element Level)	Under “Value Sets:” replace the last four bullets with the following text: <ul style="list-style-type: none"> <li>• “Intervention, Order: Hospice (2.16.840.1.113883.3.464.1004.1504)”</li> <li>• “Intervention, Performed: Hospice (2.16.840.1.113883.3.464.1004.1504)”</li> <li>• “Patient Characteristic Sex: Female AdministrativeGender (2.16.840.1.113883.3.464.1004.1457)”</li> <li>• “Patient Characteristic Sex: Male AdministrativeGender (2.16.840.1.113883.3.464.1004.1458)”</li> </ul>
507	Unhealthy Alcohol Use Screening and Follow-Up	Data Criteria (Element Level)	Add the following bullets to the end of the “Value Sets:” list: <ul style="list-style-type: none"> <li>• “Participation: Commercial (2.16.840.1.113883.3.464.1004.1518)”</li> <li>• “Participation: Medicaid (2.16.840.1.113883.3.464.1004.1517)”</li> <li>• “Participation: Medicare (2.16.840.1.113883.3.464.1004.1516)”</li> </ul>
509	Adult Immunization Status	Entire Measure Specification	Remove this measure and its specification in its entirety from Volume 2 and replace it with the measure specification in Attachment A.
514	Prenatal Immunization Status	Entire Measure Specification	Remove this measure and its specification in its entirety from Volume 2 and replace it with the measure specification in Attachment B.
1-18	Appendix 1	Standardized Healthcare-Associated Infection Ratio (HAI)	In the Standardized Healthcare-Associated Infection Ratio (HAI) row, replace the text in the “Changes for HEDIS 2019” column with the following text:  The HAI measure is suspended and will not be collected for HEDIS 2019 reporting. Due to the suspended status of the measure, the specifications, value sets and the Standard Infection Ratio (SIR) table are being removed from the <i>HEDIS 2019 Volume 2: Technical Specifications</i> .

Page	Measure/Guideline	Head/Subtitle	Update
7-3	Appendix 7	Effectiveness of Care Measures	Replace measure acronym "AABV" with "AAB."
7-5	Appendix 7	Effectiveness of Care Measures	Replace measure acronym "HSF" with "HFS."
7-5	Appendix 7	Access/Availability of Care, Utilization and Risk Adjusted Utilization Measures	Add the following text as a Note under the table: <b>Note:</b> <i>The HAI measure is suspended and will not be collected for HEDIS 2019 reporting. Due to the suspended status of the measure, the specifications, value sets and the Standard Infection Ratio (SIR) table are being removed from the HEDIS 2019 Volume 2: Technical Specifications.</i>
8-1	Appendix 8	Plan All-Cause Readmissions 2020 Version	Remove this measure and its specification in its entirety from Volume 2 and replace it with the measure specification in Attachment C.

## Adult Immunization Status (AIS)

\*Developed with support from the Department of Health and Human Services (DHHS), Office of the Assistant Secretary for Health (OASH), National Vaccine Program Office (NVPO).

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### SUMMARY OF CHANGES FOR HEDIS 2019

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- First-year measure.

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### SUMMARY OF CHANGES FOR HEDIS 2019 TECHNICAL UPDATE

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- Clarified how to calculate the composite rate in the Requirements section.
- Revised the member ages for commercial/Medicaid plans in Figure 1.
- Added direct reference codes for numerators 1-4 for history of anaphylactic reaction to specific vaccines and removed the generic history of anaphylactic reaction to vaccine denominator exclusion and value set.
- Added direct reference codes for numerator 2 for history of encephalopathy due to Tdap or Td vaccine and removed the generic encephalopathy denominator exclusion and value set.
- Clarified in numerator 3 that the two doses of herpes zoster recombinant vaccine must be at least 28 days apart.
- Renamed the “Immunization, Administered: Pneumococcal Conjugate Vaccine 23” value set in the Data Criteria (Element Level) section to “Immunization, Administered: Pneumococcal Polysaccharide Vaccine 23” value set.
- Replaced the “Medication, Active: Chemotherapy” value set in the Data Criteria (Element Level) section with the “Procedure, Performed: Chemotherapy Grouper” and “Encounter, Performed: Chemotherapy Grouper” value set.
- Added a value set in the Data Criteria (Element Level) section for “Device, Applied: Cochlear Implant.”

### Description

The percentage of members 19 years of age and older who are up-to-date on recommended routine vaccines for influenza, tetanus and diphtheria (Td) or tetanus, diphtheria and acellular pertussis (Tdap), zoster and pneumococcal.

### Measurement Period

**Measurement period** January 1–December 31.

### Clinical Recommendation Statement

The Advisory Committee on Immunization Practices recommends annual influenza vaccination; and tetanus, diphtheria and acellular pertussis (Tdap) and/or tetanus and diphtheria (Td) vaccine; herpes zoster vaccine; and the 13-valent pneumococcal conjugate vaccine (PCV13) and the 23-valent pneumococcal polysaccharide vaccine (PPSV23) for adults at various ages.

## References

Kim, D.K., L.E. Riley, K.H. Harriman, P. Hunter, C.B. Bridges. 2017. “Advisory Committee on Immunization Practices Recommended Immunization Schedule for Adults Aged 19 Years or Older — United States, 2017.” *MMWR Morb Mortal Wkly Rep* 66:136–8. DOI: <http://dx.doi.org/10.15585/mmwr.mm6605e2>

## Characteristics

<b>Scoring</b>	Proportion.
<b>Type</b>	Process.
<b>Item count</b>	Members.
<b>Stratification</b>	Report each of the following age strata by product line: <ul style="list-style-type: none"> <li>• <i>Age (years)</i>: 19–65 (commercial and Medicaid only), 66+ (Medicare only).</li> <li>• <i>Product line</i>: <u>Commercial</u>, <u>Medicare</u>, <u>Medicaid</u>.</li> </ul>
<b>Risk adjustment</b>	None.
<b>Improvement notation</b>	A higher score indicates better performance.
<b>Guidance</b>	<p><b>Allocation</b></p> <p>The member was continuously enrolled with a medical benefit throughout the participation period. Refer to ECDS <i>General Guideline 5: Member Allocation to HEDIS ECDS Measures</i>.</p> <p><b>Requirements</b></p> <ol style="list-style-type: none"> <li>1. For HEDIS, separate files are submitted by product line.</li> <li>2. The composite is based on a model that looks at the number of immunizations that were administered or contraindicated due to history of anaphylactic reaction or encephalopathy following vaccination (numerator) out of the possible number of immunizations needed to be administered to members per clinical guideline recommendations for that age group (denominator).</li> <li>3. For commercial and Medicaid plan members 19–65 years of age, Denominator 5 is determined by summing Denominators 1–3. Numerator 5 is determined by summing Numerators 1–3.</li> <li>4. For Medicare plan members 66 years of age and older, Denominator 5 is determined by summing Denominators 1–4. Numerator 5 is determined by summing Numerators 1–4.</li> </ol>

**Figure 1: Example of calculation for composite rate**

**Note:** The tables provide an example of how a commercial, Medicaid and Medicare plan with three members at different ages would calculate the composite rate.

Shaded boxes indicate the number of recommended vaccinations for the member based on their age and the checkmarks indicate whether the immunization was administered.

	MEDICARE PLANS			Composite Rate: 7 immunizations provided; 12 immunizations needed = 58%
Vaccines	Member A Age 70	Member B Age 68	Member C Age 66	
Influenza		✓		
Td or Tdap	✓	✓		
Zoster		✓		
Pneumococcal	✓	✓	✓	
	COMMERCIAL/MEDICAID PLANS			Composite Rate: 4 immunizations provided; 8 immunizations needed = 50%
Vaccines	Member A Age 64	Member B Age 50	Member C Age 19	
Influenza		✓	✓	
Td or Tdap	✓			
Zoster		✓	NA	
Pneumococcal	NA	NA	NA	

### Definitions

**Participation** The identifiers and descriptors for each organization’s coverage used to define members’ eligibility for measure reporting.

Allocation for reporting is based on eligibility during the participation period.

### Initial Population

**Participation period** Measurement period.

**Ages** 19 years of age and older at the start of the measurement period.

### Exclusions

**Exclusions** Exclude members with any of the following:

- Active chemotherapy during the measurement period.
- Bone marrow transplant during the measurement period.
- History of immunocompromising conditions, cochlear implants, anatomic or functional asplenia, sickle cell anemia & HB-S disease or cerebrospinal



fluid leaks any time during the member's history through the end of the measurement period.

- In hospice or using hospice services during the measurement period.

### Immunization Status: Influenza

<b>Denominator 1</b>	The initial population, minus exclusions.
<b>Numerator 1</b>	Members in Denominator 1 who received an <u>influenza vaccine</u> on or between July 1 of the year prior to the measurement period and June 30 of the measurement period; or prior <u>anaphylaxis due to Haemophilus influenzae type b vaccine</u> or its components any time during or before the measurement period.

### Immunization Status: Td/Tdap

<b>Denominator 2</b>	Same as Denominator 1.
<b>Numerator 2</b>	Members in Denominator 2 who received at least one <u>Td vaccine</u> or one <u>Tdap vaccine</u> between nine years prior to the start of the measurement period and the end of the measurement period; <b>or</b>  Members in Denominator 2 with history of at least one of the following contraindications any time during or before the measurement period: <ul style="list-style-type: none"> <li>• <u>Anaphylaxis due to Tdap vaccine, anaphylaxis due to Td vaccine</u> or its components.</li> <li>• <u>Encephalopathy due to Tdap or Td vaccination (post tetanus vaccination encephalitis, post diphtheria vaccination encephalitis or post pertussis vaccination encephalitis).</u></li> </ul>

### Immunization Status: Zoster

<b>Denominator 3</b>	Members in Denominator 1, 50 years of age and older at the start of the measurement period.
<b>Numerator 3</b>	Members in Denominator 3 who received at least one dose of the <u>herpes zoster live vaccine</u> or two doses of the <u>herpes zoster recombinant vaccine</u> (at least 28 days apart) anytime on or after the member's 50th birthday; or prior <u>adverse reaction caused by zoster vaccine</u> or its components any time during or before the measurement period.

### Immunization Status: Pneumococcal

<b>Denominator 4</b>	Members in Denominator 1, 66 years of age and older as of the start of the measurement period.
<b>Numerator 4</b>	Members in Denominator 4 who were administered both the <u>13-valent pneumococcal conjugate vaccine</u> and the <u>23-valent pneumococcal polysaccharide vaccine</u> at least 12 months apart, with the first occurrence after the age of 60; or prior <u>pneumococcal vaccine adverse reaction</u> any time during or before the measurement period.

**Immunization Status: Composite**

- Denominator 5** The sum of denominators 1–4.
- Numerator 5** The sum of numerators 1–4.

**Data Criteria (Element Level)****Value Sets:**

- “Diagnosis: Anatomic or Functional Asplenia (2.16.840.1.113883.3.464.1004.1477)”
- “Diagnosis: Cerebrospinal Fluid Leak (2.16.840.1.113883.3.464.1004.1448)”
- “Diagnosis: Cochlear Implant (2.16.840.1.113883.3.464.1004.1520)”
- “Procedure, Performed: Cochlear Implant (2.16.840.1.113883.3.464.1004.1447)”
- “Device, Applied: Cochlear Implant (2.16.840.1.113883.3.464.1004.1521)”
- “Diagnosis: Immunocompromising Conditions (2.16.840.1.113883.3.464.1004.1502)”
- “Diagnosis: Sickle Cell Anemia and HB-S Disease (2.16.840.1.113883.3.464.1004.1505)”
- “Immunization, Administered: Adult Influenza Vaccine (2.16.840.1.113883.3.464.1004.1476)”
- “Immunization, Administered: Td Vaccine (2.16.840.1.113883.3.464.1004.1244)”
- “Immunization, Administered: Tdap Vaccine (2.16.840.1.113883.3.464.1004.1506)”
- “Immunization, Administered: Herpes Zoster Live Vaccine (2.16.840.1.113883.3.464.1004.1478)”
- “Immunization, Administered: Herpes Zoster Recombinant Vaccine (2.16.840.1.113883.3.464.1004.1494)”
- “Immunization, Administered: Pneumococcal Conjugate Vaccine 13 (2.16.840.1.113883.3.464.1004.1439)”
- “Immunization, Administered: Pneumococcal Polysaccharide Vaccine 23 (2.16.840.1.113883.3.464.1004.1440)”
- “Intervention, Order: Hospice (2.16.840.1.113883.3.464.1004.1504)”
- “Intervention, Performed: Hospice (2.16.840.1.113883.3.464.1004.1504)”
- “Participation: Commercial (2.16.840.1.113883.3.464.1004.1518)”
- “Participation: Medicaid (2.16.840.1.113883.3.464.1004.1517)”
- “Participation: Medicare (2.16.840.1.113883.3.464.1004.1516)”
- “Procedure, Performed: Chemotherapy Grouper (2.16.840.1.113883.3.464.1004.1500)”
- “Encounter, Performed: Chemotherapy Grouper (2.16.840.1.113883.3.464.1004.1519)”
- “Procedure, Performed: Bone Marrow Transplant (2.16.840.1.113883.3.464.1004.1499)”

**Direct Reference Codes:**

- “Diagnosis: Anaphylaxis due to Haemophilus influenzae type b vaccine (SNOMEDCT Code 433621000124101)”
- “Diagnosis: Anaphylaxis Due to Td Vaccine (SNOMEDCT Code 428281000124107)”
- “Diagnosis: Anaphylaxis Due to Tdap Vaccine (SNOMEDCT Code 428291000124105)”
- “Diagnosis: Adverse Reaction Caused by Zoster Vaccine (SNOMEDCT Code 451291000124104)”
- “Diagnosis: Pneumococcal Vaccine Adverse Reaction (SNOMEDCT Code 293116002)”
- “Diagnosis: Post Tetanus Vaccination Encephalitis (SNOMEDCT Code 192710009)”

- “Diagnosis: Post Diphtheria Vaccination Encephalitis (SNOMEDCT Code 192711008)”
- “Diagnosis: Post Pertussis Vaccination Encephalitis (SNOMEDCT Code 192712001)”

**Data Elements for IDSS Reporting**

Organizations that submit data to NCQA must provide the following data elements in a specified file.

**Table AIS-A: 1/2/3 Metadata Elements for Adult Immunizations Status**

Metadata ID	Metadata Specification
MeasurementYear	Measurement year
CollectionMethod	Data collection methodology (electronic clinical data)

**Table AIS-B:1/2 Data Elements for Adult Immunizations Status (Medicaid and Commercial)**

Indicator	Data Element	Data Source
Immunization Status: Influenza	Initial population	EHR
Immunization Status: Td/Tdap	Exclusions	HIE/Clinical Registry
Immunization Status: Zoster	Denominator	Case Management Registry
	Numerator	Administrative

**Table AIS-B:3 Data Elements for Adult Immunizations Status (Medicare)**

Indicator	Data Element	Data Source
Immunization Status: Influenza	Initial population	EHR
Immunization Status: Td/Tdap	Exclusions	HIE/Clinical Registry
Immunization Status: Zoster	Denominator	Case Management Registry
Immunization Status: Pneumococcal	Numerator	Administrative

## ***Prenatal Immunization Status (PRS)***

\*Developed with support from the Department of Health and Human Services (DHHS), Office of the Assistant Secretary for Health (OASH), National Vaccine Program Office (NVPO).

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### **SUMMARY OF CHANGES FOR HEDIS 2019**

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- First-year measure.

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### **SUMMARY OF CHANGES FOR HEDIS 2019 TECHNICAL UPDATE**

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- Added a requirements section to guidance to clarify how to calculate the start of pregnancy for numerator 2.
- Added direct reference codes to numerators 1 and 2 for history of anaphylactic reaction to influenza or Tdap vaccines and removed the history of anaphylactic reaction to vaccine denominator exclusion and value set.
- Added direct reference codes to numerator 2 for history of encephalopathy due to Td or Tdap vaccine and removed the encephalopathy denominator exclusion and value set.

### **Description**

The percentage of deliveries in the measurement period in which women received influenza and tetanus, diphtheria toxoids and acellular pertussis (Tdap) vaccinations.

### **Measurement Period**

**Measurement period**    January 1–December 31.

### **Clinical Recommendation Statement**

Advisory Committee on Immunization Practices (ACIP) clinical guidelines recommend that all women who are pregnant or who might be pregnant in the upcoming influenza season receive inactivated influenza vaccines. ACIP also recommends that pregnant women should receive one dose of Tdap during each pregnancy, preferably during the early part of gestational weeks 27–36, regardless of prior history of receiving Tdap.

### **References**

Kim, D.K., L.E. Riley, K.H. Harriman, P. Hunter, C.B. Bridges. 2017. “Advisory Committee on Immunization Practices Recommended Immunization Schedule for Adults Aged 19 Years or Older — United States, 2017.” *MMWR Morb Mortal Wkly Rep* 66:136–8. DOI: <http://dx.doi.org/10.15585/mmwr.mm6605e2>.

**Characteristics**

<b>Scoring</b>	Proportion.
<b>Type</b>	Process.
<b>Item count</b>	Deliveries.
<b>Stratification</b>	Report deliveries by the following: <i>Product line:</i> <u>Commercial</u> , <u>Medicaid</u> .
<b>Risk adjustment</b>	None.
<b>Improvement notation</b>	A higher score indicates better performance.
<b>Guidance</b>	<p><b>Allocation</b></p> <p>The member was continuously enrolled with a medical benefit from the 28 days prior to the delivery through the delivery date.</p> <p><b>Requirements</b></p> <ol style="list-style-type: none"> <li>1. Numerator 2: Use gestational age at time of delivery and the delivery date to calculate the start of the pregnancy. Note: If weeks of gestation at time of delivery is not available, the delivery is not compliant for the numerator.</li> </ol>

**Definitions**

<b>Pregnancy episode</b>	<ol style="list-style-type: none"> <li>1. Delivery date occurs during the measurement period.</li> <li>2. Excludes pregnancy &lt;37 gestational weeks at time of delivery.</li> </ol>
<b>Participation</b>	<p>The identifiers and descriptors for each organization's coverage used to define members' eligibility for measure reporting.</p> <p>Allocation for reporting is based on eligibility during the participation period.</p>

**Initial Population**

<b>Participation period</b>	28 days prior to delivery date through the delivery date.
<b>Initial population</b>	<u>Deliveries</u> during the measurement period.

**Exclusions**

<b>Exclusions</b>	<p>Exclude deliveries where members have any of the following:</p> <ul style="list-style-type: none"> <li>• <u>Weeks of gestation less than 37</u> at time of delivery.</li> <li>• In <u>hospice</u> or using hospice services during the measurement period.</li> </ul>
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**Immunization Status: Influenza**

- Denominator 1** The initial population minus exclusions.
- Numerator 1** Deliveries where members received an adult influenza vaccine on or between July 1 of the year prior to the measurement period and the delivery date; or deliveries where members had a prior anaphylactic reaction to influenza vaccine or its components any time during or before the measurement period.

**Immunization Status: Tdap**

- Denominator 2** Same as Denominator 1.
- Numerator 2** Deliveries where members received at least one Tdap vaccine during the pregnancy (including on the delivery date); **or**
- Deliveries where member has a history of at least one of the following contraindications any time before or during measurement period:
- Anaphylactic reaction to Tdap or Td vaccine or its components;
  - Encephalopathy due to Td or Tdap vaccination (post tetanus vaccination encephalitis, post diphtheria vaccination encephalitis or post pertussis vaccination encephalitis).

**Immunization Status: Combination**

- Denominator 3** Same as Denominator 1
- Numerator 3** Deliveries that met criteria for both Numerator 1 and Numerator 2

**Data Criteria (Element Level)****Value Sets:**

- “Diagnosis: Weeks of Gestation Less than 37 (2.16.840.1.113883.3.464.1004.1479)”
- “Diagnosis: 37 Weeks Gestation (2.16.840.1.113883.3.464.1004.1509)”
- “Diagnosis: 38 Weeks Gestation (2.16.840.1.113883.3.464.1004.1510)”
- “Diagnosis: 39 Weeks Gestation (2.16.840.1.113883.3.464.1004.1511)”
- “Diagnosis: 40 Weeks Gestation (2.16.840.1.113883.3.464.1004.1512)”
- “Diagnosis: 41 Weeks Gestation (2.16.840.1.113883.3.464.1004.1513)”
- “Diagnosis: 42 Weeks Gestation (2.16.840.1.113883.3.464.1004.1514)”
- “Diagnosis: 43 Weeks Gestation (2.16.840.1.113883.3.464.1004.1515)”
- “Intervention, Performed: Hospice (2.16.840.1.113883.3.464.1004.1504)”
- “Intervention, Order: Hospice (2.16.840.1.113883.3.464.1004.1504)”
- “Immunization, Administered: Tdap Vaccine (2.16.840.1.113883.3.464.1004.1506)”
- “Immunization, Administered: Adult Influenza Vaccine (2.16.840.1.113883.3.464.1004.1476)”
- “Participation: Commercial (2.16.840.1.113883.3.464.1004.1518)”
- “Participation: Medicaid (2.16.840.1.113883.3.464.1004.1517)”

- “Procedure, Performed: Deliveries (2.16.840.1.113883.3.464.1004.1508)”

**Direct Reference Codes:**

- “Diagnosis: Length of gestation at birth (observable entity) (SNOMEDCT Code 412726003)”
- “Diagnosis: Influenza Virus Vaccine Adverse Reaction (SNOMEDCT Code 420113004)”
- “Diagnosis: Anaphylactic Reaction Due to Td Vaccine (SNOMEDCT Code 428281000124107)”
- “Diagnosis: Anaphylactic Reaction Due to Tdap Vaccine (SNOMEDCT Code 428291000124105)”
- “Diagnosis: Post Tetanus Vaccination Encephalitis (SNOMEDCT Code 192710009)”
- “Diagnosis: Post Diphtheria Vaccination Encephalitis (SNOMEDCT Code 192711008)”
- “Diagnosis: Post Pertussis Vaccination Encephalitis (SNOMEDCT Code 192712001)”

**Data Elements for IDSS Reporting**

Organizations that submit data to NCQA must provide the following data elements.

**Table PRS-A: 1/2 Metadata Elements for Prenatal Immunization Status**

Metadata ID	Metadata Specification
MeasurementYear	Measurement year
CollectionMethod	Data collection methodology (electronic clinical data)

**Table PRS-B: 1/2 Data Elements for Prenatal Immunization Status**

Indicator	Data Element Specification	Data Source
Immunization Status: Influenza	Initial population	EHR
Immunization Status: Tdap	Exclusions	HIE/Clinical Registry
Immunization Status: Combination	Denominator	Case Management Registry
	Numerator	Administrative

## Plan All-Cause Readmissions 2020 Version (PCR2020)

This specification should not be used for HEDIS 2019 reporting. This is the proposed version of the measure for HEDIS 2020. Additional changes may be included when released for reporting.

### SUMMARY OF CHANGES TO HEDIS 2020

- Added definitions of “outlier,” “nonoutlier” and “plan population.”
- Added observation stays to inpatient admissions.
- Revised direct transfers to include observation discharges.
- 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.
- Added instructions and data element tables to report plan population and outlier rate.
- Added instructions and data element tables to report the rate among index stays discharged or transferred to skilled nursing care.

### Description

For members 18 years of age and older, the number of acute inpatient and observation stays during the measurement year that were followed by an unplanned acute readmission for any diagnosis within 30 days and the predicted probability of an acute readmission. Data are reported in the following categories:

1. Count of Index Hospital Stays (IHS) (denominator).
2. Count of Observed 30-Day Readmissions (numerator).
3. Count of Expected 30-Day Readmissions.

**Note:** For commercial and Medicaid, report only members 18–64 years of age.

### Definitions

<b>IHS</b>	Index hospital stay. An acute inpatient or observation stay with a discharge on or between January 1 and December 1 of the measurement year. Exclude stays that meet the exclusion criteria in the denominator section.
<b>Index Admission Date</b>	The IHS admission date.
<b>Index Discharge Date</b>	The IHS discharge date. The index discharge date must occur on or between January 1 and December 1 of the measurement year.
<b>Index Readmission Stay</b>	An acute inpatient or observation stay for any diagnosis with an admission date within 30 days of a previous Index Discharge Date.



<b>Index Readmission Date</b>	The admission date associated with the Index Readmission Stay.
<b>Planned hospital stay</b>	A hospital stay is considered planned if it meets criteria as described in step 3 (required exclusions) of the <i>numerator</i> .
<b>Plan population</b>	Members who meet all of the following criteria: <ul style="list-style-type: none"> <li>• 18 and older as of January 1 of the measurement year.</li> <li>• Enrolled on January 1 of the measurement year.</li> <li>• Continuously enrolled for at least 365 days at any point between January 1 of the year prior to the measurement year and December 1 of the measurement year with no more than one gap in enrollment of up to 45 days during the 365-day period.</li> </ul>
<b>Outlier</b>	Medicaid and Medicare members with four or more index hospital stays during the measurement year.  Commercial members with three or more index hospital stays during the measurement year.
<b>Nonoutlier</b>	Members in the plan population who are not considered outliers.
<b>Classification period</b>	365 days prior to and including an Index Discharge Date.

**Risk Adjustment Tables**

<b>Table</b>	<b>Table Description</b>
HCC-Surg	Surgery codes for Risk Adjustment Determination
PCR-DischCC	Discharge Clinical Condition category codes for Risk Adjustment Determination
CC-Comorbid	Comorbid Clinical Condition category codes for Risk Adjustment Determination step 2
HCC-Rank	HCC rankings for Risk Adjustment Determination step 3
HCC-Comb	Combination HCCs for Risk Adjustment Determination step 5
PCR-MA-DischCC-WeightUnder65	MA and SNP primary discharge weights for Risk Adjustment Weighting step 3 for ages under 65
PCR-MA-DischCC-Weight-65plus	MA and SNP primary discharge weights for Risk Adjustment Weighting step 3 for ages 65 and older
PCR-MA-SDischCC-Weight-Under65	MA and SNP primary discharge weights for Risk Adjustment Weighting step 3 for index stays discharged to skilled nursing among ages under 65
PCR-MA-SDischCC-Weight-65plus	MA and SNP primary discharge weights for Risk Adjustment Weighting step 3 for index stays discharged to skilled nursing among ages 65 and older
PCR-Comm-DischCC-Weight	Commercial primary discharge weights for Risk Adjustment Weighting step 3
PCR-MD-DischCC-Weight	Medicaid primary discharge weights for Risk Adjustment Weighting step 3
PCR-MA-ComorbHCC-Weight-Under65	MA and SNP comorbidity weights for Risk Adjustment Weighting step 4 for ages under 65

Table	Table Description
PCR-MA-ComorbHCC-Weight-65plus	MA and SNP comorbidity weights for Risk Adjustment Weighting step 4 for ages 65 and older
PCR-MA-SComorbHCC-WeightUnder65	MA and SNP comorbidity weights for Risk Adjustment Weighting step 4 for index stays discharged to skilled nursing among ages under 65
PCR-MA-SComorbHCC-Weight-65plus	MA and SNP comorbidity weights for Risk Adjustment Weighting step 4 for index stays discharged to skilled nursing among ages 65 and older
PCR-Comm-ComorbHCC-Weight	Commercial comorbidity weights for Risk Adjustment Weighting step 4
PCR-MD-ComorbHCC-Weight	Medicaid comorbidity weights for Risk Adjustment Weighting step 4
PCR-MA-OtherWeights-Under65	MA and SNP observation stay, surgery, age and gender weights for Risk Adjustment Weighting steps 1, 2, 5 for ages under 65
PCR-MA-OtherWeights-65plus	MA and SNP observation stay, surgery, age and gender weights for Risk Adjustment Weighting steps 1, 2, 5 for ages 65 and older
PCR-MA-SOtherWeights-Under65	MA and SNP observation stay, surgery, age and gender weights for Risk Adjustment Weighting steps 1, 2, 5 for index stays discharged to skilled nursing among ages under 65
PCR-MA-SOtherWeights-65plus	MA and SNP observation stay, surgery, age and gender weights for Risk Adjustment Weighting steps 1, 2, 5 for index stays discharged to skilled nursing among ages 65 and older
PCR-Comm-OtherWeights	Commercial observation stay, surgery, age and gender weights for Risk Adjustment Weighting steps 1, 2, 5
PCR-MD-OtherWeights	Medicaid observation stay, surgery, age and gender weights for Risk Adjustment Weighting steps 1, 2, 5

**Note:** The risk adjustment tables will be released on November 1, 2018, and posted to [www.ncqa.org](http://www.ncqa.org).

## Eligible Population

**Note:** Members in hospice are excluded from the eligible population. Refer to General Guideline 17: Members in Hospice.

Refer to General Guideline 10: Reporting for small denominator limits.

**Product line Stratification** Commercial, Medicare, Medicaid (report each product line separately).

For only Medicare IHS', report the following SES stratifications and total:

- Non-LIS/DE, Nondisability.
- LIS/DE.
- Disability.
- LIS/DE and Disability.
- Other.
- Unknown.
- Total Medicare.

**Note:** The stratifications are mutually exclusive, and the sum of all six stratifications is the Total population.

<b>Ages</b>	<p><i>For commercial, ages 18–64 as of the Index Discharge Date.</i></p> <p><i>For Medicare, ages 18 and older as of the Index Discharge Date.</i></p> <p><i>For Medicaid, ages 18–64 as of the Index Discharge Date.</i></p>
<b>Continuous enrollment</b>	365 days prior to the Index Discharge Date through 30 days after the Index Discharge Date.
<b>Allowable gap</b>	No more than one gap in enrollment of up to 45 days during the 365 days prior to the Index Discharge Date and no gap during the 30 days following the Index Discharge Date.
<b>Anchor date</b>	Index Discharge Date.
<b>Benefit</b>	Medical.
<b>Event/ diagnosis</b>	<p>An acute inpatient or observation stay discharge on or between January 1 and December 1 of the measurement year.</p> <p>The denominator for this measure is based on discharges, not members. Include all acute inpatient or observation stay discharges for nonoutlier members who had one or more discharges on or between January 1 and December 1 of the measurement year.</p> <p>Follow the steps below to identify acute inpatient and observation stays.</p>

### Administrative Specification

<b>Denominator</b>	The eligible population.
<b>Step 1</b>	<p>Identify all acute inpatient and observation stay discharges on or between January 1 and December 1 of the measurement year. To identify acute inpatient and observation stay discharges:</p> <ol style="list-style-type: none"> <li>1. Identify all acute and nonacute inpatient stays (<u>Inpatient Stay Value Set</u>) and observation stays (<u>Observation Stay Value Set</u>).</li> <li>2. Exclude nonacute inpatient stays (<u>Nonacute Inpatient Stay Value Set</u>).</li> <li>3. Identify the discharge date for the stay.</li> </ol> <p>Inpatient and observation stays where the discharge date from the first setting and the admission date to the second setting are two or more calendar days apart must be considered distinct stays.</p> <p>The measure includes acute discharges from any type of facility (including behavioral healthcare facilities).</p>
<b>Step 2</b>	<p><b>Direct transfers:</b> For discharges with one or more direct transfers, use the last discharge.</p> <p>Using the discharges identified in step 1, identify direct transfers between acute inpatient and observation or between observation and acute inpatient using the definition below.</p> <p>A <b>direct transfer</b> is when the discharge date from the first stay precedes the admission date to a subsequent stay by one calendar day or less. For example:</p>

- A discharge on June 1, followed by a subsequent admission on June 1, is a direct transfer.
- A discharge on June 1, followed by a subsequent admission on June 2, is a direct transfer.
- A discharge on June 1, followed by a subsequent admission on June 3, is not a direct transfer; these are two distinct stays.
- A discharge on June 1, followed by a subsequent admission on June 2 (with discharge on June 3), followed by a subsequent admission on June 4, is a direct transfer.

Exclude the hospital stay if the direct transfer's discharge date occurs after December 1 of the measurement year.

**Step 3** Exclude hospital stays where the Index Admission Date is the same as the Index Discharge Date.

**Step 4: Required exclusions** Exclude hospital stays for the following reasons:

- The member died during the stay.
- Female members with a principal diagnosis of pregnancy (Pregnancy Value Set) on the stay.
- A principal diagnosis of a condition originating in the perinatal period (Perinatal Conditions Value Set) on the discharge claim.

*Note: For hospital stays where there was a direct transfer (identified in step 2), use the original stay and any direct transfer stays to identify exclusions in this step.*

**Step 5** Calculate continuous enrollment.

**Step 6** Remove hospital stays for outlier members and report these members as outliers in Tables PCR-1/2/3 and PCR-D-3.

*Note: Count discharges with one or more direct transfers (identified in step 2) as one discharge when identifying outlier members.*

**Step 7** Assign each remaining acute inpatient or observation stay to an age and stratification category using the reporting instructions below.

## Risk Adjustment Determination

For each IHS among nonoutlier members, use the following steps to identify risk adjustment categories based on presence of observation stay status at discharge, surgeries, discharge condition, comorbidity, age and gender.

<b>Observation Stay</b>	Determine if the IHS at discharge was an observation stay ( <u>Observation Stay Value Set</u> ). For direct transfers, determine the hospitalization status using the last discharge.
<b>Surgeries</b>	Determine if the member underwent surgery during the stay. Download the list of codes from the NCQA website (Table HCC-Surg) and use it to identify surgeries. Consider an IHS to include a surgery if at least one procedure code in Table HCC-Surg is present from any provider between the admission and discharge dates.
<b>Discharge Condition</b>	Assign a discharge Clinical Condition (CC) category code or codes to the IHS based on its primary discharge diagnosis, using Table PCR-DischCC. For direct transfers, use the primary discharge diagnosis from the last discharge.

Exclude diagnoses that cannot be mapped to Table PCR-DischCC.

**Comorbidities** Refer to the *Utilization Risk Adjustment Determination* in the *Guidelines for Risk Adjusted Utilization Measures*.

## Risk Adjustment Weighting

For each IHS among nonoutliers, use the following steps to identify risk adjustment weights based on observation stays status at discharge, surgeries, discharge condition, comorbidity, age and gender.

**Note:** *The final weights table will be released on November 1, 2018.*

**Step 1** For each IHS discharge that is an observation stay, link the observation stay IHS weight.

- *For Medicare product lines ages 18–64:*
  - Use Table PCR-MA-OtherWeights-Under65.
  - Use Table PCR-MA-SOtherWeights-Under65.
- *For Medicare product lines ages 65 and older:*
  - Use Table PCR-MA-OtherWeights-65plus.
  - Use Table PCR-MA-SOtherWeights-65plus.
- *For commercial product lines:* Use Table PCR-Comm-OtherWeights.
- *For Medicaid product lines:* Use Table PCR-MD-OtherWeights.

**Step 2** For each IHS with a surgery, link the surgery weight.

- *For Medicare product lines ages 18–64:*
  - Use Table PCR-MA-OtherWeights-Under65.
  - Use Table PCR-MA-SOtherWeights-Under65.
- *For Medicare product lines ages 65 and older:*
  - Use Table PCR-MA-OtherWeights-65plus.
  - Use Table PCR-MA-SOtherWeights-65plus.
- *For commercial product lines:* Use Table PCR-Comm-OtherWeights.
- *For Medicaid product lines:* Use Table PCR-MD-OtherWeights.

**Step 3** For each IHS with a discharge CC Category, link the primary discharge weights.

- *For Medicare product lines ages 18–64:*
  - Use Table PCR-MA-DischCC-Weight-Under65.
  - Use Table PCR-MA-SDischCC-Weight-Under65.
- *For Medicare product lines ages 65 and older:*
  - Use Table PCR-MA-DischCC-Weight-65plus.
  - Use Table PCR-MA-SDischCC-Weight-65plus.
- *For commercial product lines:* Use Table PCR-Comm-DischCC-Weight.
- *For Medicaid product lines:* Use Table PCR-MD-DischCC-Weight.

**Step 4** For each IHS with a comorbidity HCC Category, link the weights.

- *For Medicare product lines ages 18–64:*
  - Use Table PCR-MA-ComorbHCC-Weight-Under65.
  - Use Table PCR-MA-SComorbHCC-Weight-Under65.
- *For Medicare product lines ages 65 and older:*

- Use Table PCR-MA-ComorbHCC-Weight-65plus.
- Use Table PCR-MA-SComorbHCC-Weight-65plus.
- *For commercial product lines:* Use Table PCR-Comm-ComorbHCC-Weight.
- *For Medicaid product lines:* Use Table PCR-MD-ComorbHCC-Weight.

**Step 5** Link the age and gender weights for each IHS.

- *For Medicare product lines ages 18–64:*
  - Use Table PCR-MA-OtherWeights-Under65.
  - Use Table PCR-MA-SOtherWeights-Under65.
- *For Medicare product lines ages 65 and older:*
  - Use Table PCR-MA-OtherWeights-65plus.
  - Use Table PCR-MA-SOtherWeights-65plus.
- *For commercial product lines:*
  - Use Table PCR-Comm-OtherWeights.
- *For Medicaid product lines:*
  - Use Table PCR-MD-OtherWeights.

**Step 6** Sum all weights associated with the IHS (i.e., observation stay, presence of surgery, primary discharge diagnosis, comorbidities, age and gender) and use the formula below to calculate the Estimated Readmission Risk for each IHS

$$\text{Estimated Readmission Risk} = \frac{e^{(\sum \text{WeightsForIHS})}}{1 + e^{(\sum \text{WeightsForIHS})}}$$

**OR**

$$\text{Estimated Readmission Risk} = [\exp(\text{sum of weights for IHS})] / [1 + \exp(\text{sum of weights for IHS})]$$

**Note:** “Exp” refers to the exponential or antilog function.

**Step 7** Calculate the Count of Expected Readmissions for each age and stratification category. The Count of Expected Readmissions is the sum of the Estimated Readmission Risk calculated in step 6 for each IHS in each age and stratification category.

$$\text{Count of Expected Readmissions} = \sum (\text{Estimated Readmission Risk})$$

**Step 8** Use the formula below and the Estimated Readmission Risk calculated in step 6 to calculate the variance for each IHS.

$$\text{Variance} = \text{Estimated Readmission Risk} \times (1 - \text{Estimated Readmission Risk})$$

**Example:** If the Estimated Readmission Risk is 0.1518450741 for an IHS, then the variance for this IHS is 0.1518450741 x 0.8481549259 = 0.1287881476.

**Note:** This variance is calculated at the IHS level. Organizations must sum the variances for each stratification and age when populating the Variance cells in the reporting tables.

Sample Table: PCR—Risk Adjustment Weighting

Member ID*	Admiss. Counter	Age	Gender	Age and Gender Weight	Surgical Weight	ICD-10 Diagnosis Code	Discharge CC		HCC-PCR		Sum of Weights	Estimated Readmissions Risk	Variance
							Category	Weight	Category	Weight			
1250	1	67	Female	-2.619	-0.2753	T44992S	58	0.2990	18	0.1961	-2.1783	0.1017	0.0914
									55	0.2209			
4010	1	50	Male	-2.4722	NA	J439	111	0.4221	NA	NA	-2.0501	0.1140	0.1010
4010	2	50	Male	-2.4722	NA	B180	29	0.6090	87	0.141	-1.7222	0.1516	0.1286

\*Each Member ID field with a value represents a unique IHS.

**Numerator** At least one acute readmission for any diagnosis within 30 days of the Index Discharge Date.

**Step 1** Identify all acute inpatient and observation stays with an admission date on or between January 3 and December 31 of the measurement year. To identify acute inpatient and observation admissions:

1. Identify all acute and nonacute inpatient stays (Inpatient Stay Value Set) and observation stays (Observation Stay Value Set).
2. Exclude nonacute inpatient stays (Nonacute Inpatient Stay Value Set).
3. Identify the admission date for the stay.

Inpatient stays and observation stays where the discharge date from the first setting and the admission date to the second setting are two or more calendar days apart must be considered distinct stays. If an organization consolidates these stays into a single event (for any reason), the original distinct inpatient or observation stay must be used.

**Step 2** *Direct transfers:* For discharges with one or more direct transfers, use the last discharge.

Using the discharges identified in step 1, identify direct transfers between acute inpatient and observation or between observation and acute inpatient using the definition below.

A **direct transfer** is when the discharge date from the first stay precedes the admission date to a subsequent stay by one calendar day or less. For example:

- A discharge on June 1, followed by a subsequent admission on June 1, is a direct transfer.
- A discharge on June 1, followed by a subsequent admission on June 2, is a direct transfer.
- A discharge on June 1, followed by a subsequent admission on June 3, is not a direct transfer; these are two distinct stays.
- A discharge on June 1, followed by a subsequent admission on June 2 (with discharge on June 3), followed by a subsequent admission on June 4, is a direct transfer.

**Step 3** Exclude acute hospitalizations with any of the following criteria on the discharge claim:

- Female members with a principal diagnosis of pregnancy (Pregnancy Value Set).
- A principal diagnosis for a condition originating in the perinatal period (Perinatal Conditions Value Set).
- Planned admissions using any of the following:
  - A principal diagnosis of maintenance chemotherapy (Chemotherapy Value Set).
  - A principal diagnosis of rehabilitation (Rehabilitation Value Set).
  - An organ transplant (Kidney Transplant Value Set, Bone Marrow Transplant Value Set, Organ Transplant Other Than Kidney Value Set, Introduction of Autologous Pancreatic Cells Value Set).
  - A potentially planned procedure (Potentially Planned Procedures Value Set) without a principal acute diagnosis (Acute Condition Value Set).

**Note:** For hospital stays where there was a direct transfer (identified in step 2), use the original stay and any direct transfer stays to identify exclusions in this step.

**Step 4** Remove hospital stays for outlier members.

**Step 5** For each remaining IHS, determine if any of the acute inpatient and observation stays have an admission date within 30 days after the Index Discharge Date.

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### Reporting: Number of Members in Plan Population

**Step 1** Determine member age as of January 1 of the measurement year.

**Step 2** Report the count of members in the plan population for each age and gender group and the overall total. Enter these values in reporting Tables PCR-1/2/3 and PCR-D-3.

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### Reporting: Number of Outliers

**Step 1** Determine member age as of January 1 of the measurement year.

**Step 2** Report the count of outlier members for each age and gender group and the overall total. Enter these values in reporting Tables PCR-1/2/3 and PCR-D-3.



**Calculated: Number of Nonoutliers**

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The number of members in the plan population minus the number of outliers for each age and gender group and the overall total calculated by IDSS.

**Calculated: Outlier Rate**

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The number of outlier members divided by the number of members in the plan population, multiplied by 1,000, for each age and gender group and the overall total. Calculated by IDSS.

**Reporting: Denominator**

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Count the number of IHS among nonoutlier members for each age group and enter these values into the reporting table under Count of Index Stays.

**Reporting: SES Stratification (Medicare only)**

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**Step 1** Determine the member's SES stratifications as of the end of the continuous enrollment period for each Medicare discharge:

- *Non-LIS/DE, Nondisability:* Member is eligible for Medicare due to age only (i.e., does not receive LIS, is not DE for Medicaid, does not have disability status).
- *LIS/DE:* Member is eligible for Medicare due to age and receives LIS (includes members eligible for Medicare due to DE), does not have disability status.
- *Disability:* Member is eligible for Medicare due to disability status only.
- *LIS/DE and Disability:* Member is eligible for Medicare, receives LIS and has disability status.
- *Other:* Member has ESRD-only status or is assigned "9—none of the above."
- *Unknown:* Member's SES is unknown.
- *Total Medicare:* Total of all categories.

**Step 2** Report Medicare discharges based on the SES stratification assigned for each Medicare index stay in Table PCR-B-3 and Table PCR-F-3.

**Reporting: Skilled Nursing Care Stratification (Medicare only)**

---

**Step 1** For Medicare nonoutlier members, determine if the IHS was discharged or transferred to skilled nursing care (Skilled Nursing Stay Value Set).

An index stay is discharged or transferred to skilled nursing care when the discharge date from the acute inpatient or observation stay precedes the admission date for skilled nursing care by one calendar day or less. For example:

- An index stay discharge on June 1, followed by an admission to a skilled nursing setting on June 1, is an IHS discharged or transferred to skilled nursing care.
- An index stay discharge on June 1, followed by an admission to a skilled nursing setting on June 2, is an IHS discharged or transferred to skilled nursing care.
- An index stay discharge on June 1, followed by an admission to a skilled nursing setting on June 3, is not an IHS discharged or transferred to skilled nursing care.

**Step 2** Report Medicare discharges for each IHS discharged or transferred to skilled nursing care to an age group in Table PCR-C-3 and Table PCR-G-3.

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**Reporting: Numerator**

---

Count the number of observed IHS among nonoutlier members with a readmission within 30 days of discharge for each age group and enter these values into the reporting tables under Count of Observed 30-Day Readmissions.

**Calculated: Observed Readmission Rate**

---

The Count of Observed 30-Day Readmissions divided by the Count of Index Stays calculated by IDSS.

**Reporting: Count of Expected 30-Day Readmissions**

---

**Step 1** Calculate the Count of Expected Readmissions among nonoutlier members for each age group and overall total.

**Step 2** Round to four decimal places using the .5 rule and enter the Count of Expected Readmissions into the reporting tables.

**Calculated: Expected Readmission Rate**

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The Count of Expected 30-Day Readmissions divided by the Count of Index Stays calculated by IDSS.

**Reporting: Variance**

---

**Step 1** Calculate the total (sum) variance for each SES stratification (Medicare only), skilled nursing stratification (Medicare only) and age group.

**Step 2** Round to four decimal places using the .5 rule and enter the variance into the reporting tables.

**Calculated: O/E Ratio**

---

The Count of Observed 30-Day Readmissions divided by the Count of Expected 30-Day Readmissions calculated by IDSS.

**Note**

- *Supplemental data may not be used for this measure.*

**Table PCR-1/2/3: Plan Population and Outlier Rate (Medicaid, Commercial and Medicare, 18–64)**

Age	Sex	Members in Plan Population	Outlier Members	Nonoutlier Members	Outlier Rate
18-44	Male				
	Female				
	Total				
45-54	Male				
	Female				
	Total				
55-64	Male				
	Female				
	Total				
Total	Male				
	Female				
	Total				

**Table PCR-A-1/2/3: Plan All-Cause Readmissions Rates Among Nonoutlier Members by Age (Medicaid, Commercial and Medicare, 18–64)**

Age	Count of Index Stays	Count of Observed 30-Day Readmissions	Observed Readmission Rate	Count of Expected 30-Day Readmissions	Expected Readmission Rate	Variance	O/E Ratio
18-44							
45-54							
55-64							
<b>Total*</b>							

\*The Total for Medicare for the data elements in this table must match the Total Medicare data elements in Table PCR-B-3.

**Table PCR-B-3: Plan All-Cause Readmissions Rates Among Nonoutlier Members by SES Stratification (Medicare, 18–64)**

SES Stratification	Count of Index Stays	Count of Observed 30-Day Readmissions	Observed Readmission Rate	Count of Expected 30-Day Readmissions	Expected Readmission Rate	Variance	O/E Ratio
Non-LIS/ DE, Non-disability							
LIS/DE							
Disability							
LIS/DE and Disability							
Other							
Unknown							
<b>Total Medicare*</b>							

\*The Total Medicare for the data elements in this table must match the Total for Medicare for the data elements in Table PCR A-1/2/3.

**Table PCR-C-3: Plan All-Cause Readmissions Rates Among Nonoutlier Members Discharged or Transferred to Skilled Nursing Care by Age (Medicare, 18–64)**

Age	Count of Index Stays	Count of Observed 30-Day Readmissions	Observed Readmission Rate	Count of Expected 30-Day Readmissions	Expected Readmission Rate	Variance	O/E Ratio
18-44							
45-54							
55-64							
<b>Total</b>							

**Table PCR-D-3: Plan Population and Outlier Rate (Medicare, 65+)**

Age	Sex	Members in Plan Population	Outlier Members	Nonoutlier Members	Outlier Rate
65-74	Male				
	Female				
	Total				
75-84	Male				
	Female				
	Total				
85+	Male				
	Female				
	Total				
Total	Male				
	Female				
	Total				

**Table PCR-E-3: Plan All-Cause Readmissions Rates Among Nonoutlier Members by Age (Medicare, 65+)**

Age	Count of Index Stays	Count of Observed 30-Day Readmissions	Observed Readmission Rate	Count of Expected 30-Day Readmissions	Expected Readmission Rate	Variance	O/E Ratio
65-74							
75-84							
85+							
<b>Total*</b>							

\*The Total for Medicare for the data elements in this table must match the Total Medicare data elements in Table PCR-F-3.

**Table PCR-F-3: Plan All-Cause Readmissions Rates Among Nonoutlier Members by SES Stratification (Medicare, 65+)**

SES Stratification	Count of Index Stays	Count of Observed 30-Day Readmissions	Observed Readmission Rate	Count of Expected 30-Day Readmissions	Expected Readmission Rate	Variance	O/E Ratio
Non-LIS/ DE, Non-disability							
LIS/DE							
Disability							
LIS/DE and Disability							
Other							
Unknown							
<b>Total Medicare*</b>							

\*The Total Medicare for the data elements in this table must match the Total for Medicare for the data elements in Table PCR-E-3.

**Table PCR-G-3: Plan All-Cause Readmissions Rates Among Nonoutlier Members Discharged or Transferred to Skilled Nursing Care by Age (Medicare, 65+)**

Age	Count of Index Stays	Count of Observed 30-Day Readmissions	Observed Readmission Rate	Count of Expected 30-Day Readmissions	Expected Readmission Rate	Variance	O/E Ratio
18-44							
45-54							
55-64							
<b>Total</b>							