



October 1, 2009

Dear Colleague:

NCQA is pleased to present the HEDIS^{®1} 2010 *Volume 2: Technical Update*. With this release, NCQA freezes the technical specifications for Volume 2, with the exception of the Relative Resource Use (RRU) measures and those that require pharmacy data; these will be final on November 16, 2009, when the NDC lists and Standard Pricing Tables (SPT) are posted. This memo contains the following information.

- An update on public reporting and changes for the RRU and *Comprehensive Diabetes Care (CDC)* measures
- Random Number (RAND) table for HEDIS 2010
- Corrections, policy changes and clarifications to HEDIS 2010, *Volume 2: Technical Specifications*

Relative Resource Use for People With Uncomplicated Hypertension is now *Relative Resource Use for People With Hypertension*, to reflect data captured by this measure more accurately. The *HbA1c Control <7.0%* indicator in the CDC measure is now *HbA1c Control <7.0% for a Selected Population*, to clarify that the population for this indicator is different from that of the other CDC indicators.

All RRU measures with the exception of *Relative Resource Use for People With Acute Low Back Pain (RLB)* will be publicly reported for HEDIS 2010. RLB will not be publicly reported because it currently does not have corresponding quality measures except for the *Use of Imaging Studies for Low Back Pain* which assesses the frequency of imaging.

Other measures/indicators that will be publicly reported for HEDIS 2010 are *HbA1c Control <7.0% for a Selected Population*, *HbA1c Control <8.0% Adult BMI Assessment*, *Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents* and *Care for Older Adults*.

Please review all items in the attached documents 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 this *Technical Update* or about other measure specifications, contact us through our Policy Clarification Support (PCS) System at www.ncqa.org/pcs or by phone at 888-275-7585. We wish everyone a successful HEDIS data collection season!

Sincerely,

Cindy Ottone, MHA
Director, Policy

Enclosure

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Random Number (RAND) Table for Measures Using the Hybrid Method

Measure	RAND
Adult BMI Assessment	.92
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents	.04
Childhood Immunization Status	.79*
Immunizations for Adolescents	.30
Lead Screening in Children	.49*
Cervical Cancer Screening	.02
Colorectal Cancer Screening	.38
Care for Older Adults	.09
Cholesterol Management for Patients With Cardiovascular Conditions	.59
Controlling High Blood Pressure	.13
Comprehensive Diabetes Care	.22
Medication Reconciliation Post-Discharge	.76
Prenatal and Postpartum Care <i>and</i> Frequency of Ongoing Prenatal Care	.31**
Well-Child Visits in the First 15 Months of Life	.15
Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life	.62
Adolescent Well-Care Visits	.51
Weeks of Pregnancy at Time of Enrollment	.72

* If using different samples for *Childhood Immunization Status* and *Lead Screening in Children*, use different Random Numbers. If using the *Childhood Immunization Status* sample for both measures, use the *Childhood Immunization Status* Random Number.

** The Random Numbers for *Prenatal and Postpartum Care* and *Frequency of Ongoing Prenatal Care* measures are the same. These measures are collected using the same denominator.

Specification Updates

This document contains corrections, policy changes and clarifications to *HEDIS 2010 Volume 2, Technical Specifications*. NCQA has identified the appropriate page number, measure or guideline and head/subtitle for each item.

Page	Measure/Guideline	Head/Subtitle	Update
4	What's New in Volume 2	Overall changes	<p>Replace the second bullet with the following text.</p> <p>The following Relative Resource Use measures will be publicly reported for HEDIS 2010.</p> <ul style="list-style-type: none"> • <i>Relative Resource Use for People With Diabetes</i> • <i>Relative Resource Use for People With Asthma</i> • <i>Relative Resource Use for People With Cardiovascular Conditions</i> • <i>Relative Resource Use for People With Hypertension</i> • <i>Relative Resource Use for People With COPD</i>
4	What's New in Volume 2	Overall changes	<p>Replace <i>Relative Resource Use for People With Uncomplicated Hypertension</i> with <i>Relative Resource Use for People With Hypertension</i> throughout the volume.</p>
5	What's New in Volume 2	First-year measure evaluation	<p>The following HEDIS 2009 first-year measures will be publicly reported for HEDIS 2010.</p> <ul style="list-style-type: none"> • <i>Adult BMI Assessment</i> • <i>Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents</i> • <i>Care for Older Adults</i> • <i>Comprehensive Diabetes Care—HbA1c Control (<8.0%)</i> • <i>Comprehensive Diabetes Care— HbA1c Control (<7.0% for a Selected Population)</i>
10	General Guideline 3	HEDIS Submission for Organizations Seeking Accreditation	<p>Add the following paragraph immediately before How NCQA Defines an Organization for Accreditation.</p> <p>An organization that is not licensed to operate in a specific state, but has members residing in that state, should include those members in the "home" state where it is licensed to operate and has its main membership.</p>
20	General Guideline 25	Members Who Switch Organizations	<p>Replace the first paragraph with the following text.</p> <p>The organization may count members who switch to different organizations or to a sister organization as continuously enrolled, provided that the members joined an organization that assumes ownership of or responsibility for the member's administrative data and medical records for the entire period of continuous enrollment specified in the measure.</p>
26	Supplemental Electronic Data	Definitions	<p>Add a new Notes section immediately before Data Collection Timing.</p> <p>Note</p> <ul style="list-style-type: none"> • <i>For hybrid measures, only electronic files may be loaded and used like administrative data to calculate compliance; for example, electronic files sent from hospitals or other facilities in response to requests about noncompliant members in the sample. All other data for members in the sample come from chart review and must follow the hybrid measure chart review specifications described in General Guideline 41: Obtaining Information From Medical Records and EMRs.</i>

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27	Supplemental Electronic Data	Data Collection Timing	Delete the <i>Note</i> text located immediately above Audit Requirements .
28	Supplemental Paper Data	Notes	Delete the following text from the second bullet. <i>“...and the DM system information is either in the patient’s medical record or if the physician has the ability to access the DM system information during a visit.”</i>
40	Guidelines for Calculations and Sampling	Membership-dependent denominators	Add as the second bullet in the measure list: <ul style="list-style-type: none"> • Immunizations for Adolescents
43	Guidelines for Calculations and Sampling	Table 1: Sample Size Information for Hybrid Measures	Replace “Y” with “N” in the Prior Year’s Rate column of the <i>Colorectal Cancer Screening</i> row.
43	Guidelines for Calculations and Sampling	Table 1: Sample Size Information for Hybrid Measures	Replace “548” with “411” in the Medicare column of the <i>Comprehensive Diabetes Care</i> measure.
43	Guidelines for Calculations and Sampling	Table 1: Sample Size Information for Hybrid Measures	Replace “411” with “NA” in the Commercial column for the <i>Cervical Cancer Screening; Well-Child Visits in the First 15 Months of Life; Well-Child Visits in the 3rd, 4th, 5th and 6th Years of Life; and Adolescent Well-Care Visits</i> rows.
44	Guidelines for Calculations and Sampling	Table 2: Sample Sizes When Data Are Available on the Product Line Being Measured	Add the following text immediately below Table 2. For the commercial and Medicaid product lines, the <i>Comprehensive Diabetes Care</i> sample size is 548. The intent of this sample size is to achieve a sample of at least 411 for the HbA1c control <7.0% for a selected population denominator after the required exclusions are applied. The organization may reduce the sample size using the lowest rate among all the reported indicators calculated from the current year’s administrative rate or the prior year’s reported rate, but it must maintain the applicable sample size as listed in Table 2 in the HbA1c control <7.0% for a selected population denominator after the required exclusions are applied. For example, if the organization’s lowest audited CDC rate reported in the prior year is 70%, the sample size may not fall below 348 for all 10 indicators (including the HbA1c control <7 for a selected population indicator after removing required exclusions).
48	Guidelines for Calculations and Sampling	Example 1—Step 7	Replace the fifth bullet with: <ul style="list-style-type: none"> • The 296th member (the last one in the primary list) is the $18 + [(296-1) \times 28.93] = 18 + 8,537 = 8,555$th sorted member
61	Adult BMI Assessment	Table ABA-A	Add HCPCS code G0402.
70	Childhood Immunization Status	Table CIS-A	Add CPT1 code 90670 to the “Pneumococcal conjugate” description.
83	Cervical Cancer Screening	Table CCS-B	Add ICD-9-CM Diagnosis codes V88.01, V88.03.
86	Colorectal Cancer Screening	Hybrid Specification—Denominator	Replace the second sentence with the following text. The organization may reduce the sample size using the current year’s administrative, product line-specific rate.
90	Chlamydia Screening in Women	Table CHL-B	Add ICD-9-CM Diagnosis codes 339.82, 796.7.

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91	Chlamydia Screening in Women	Table CHL-B	Add LOINC ² code 55299-2.
121	Use of Appropriate Medications for People With Asthma	Eligible Population—Age	Replace “Report three age stratifications and a total rate” with “Report two age stratifications and a total rate.” Replace “The total is the sum of the three numerators divided by the sum of the three denominators” with “The total is the sum of the two numerators divided by the sum of the two denominators.”
127	Cholesterol Management for Patients With Cardiovascular Conditions	Table CMC-D	Add LOINC code 55440-2.
128	Cholesterol Management for Patients With Cardiovascular Conditions	Hybrid Specification—Numerators: LDL-C Screening	Replace the second paragraph in the <i>Medical record</i> section with the following text. The organization may use a calculated or direct LDL for LDL-C screening and control indicators.
140-157	Comprehensive Diabetes Care	Throughout measure specification	Replace “HbA1c Control <7.0%” with “HbA1c Control <7.0% for a Selected Population.”
142	Comprehensive Diabetes Care	Required exclusions for the HbA1c Control <7.0% for a Selected Population indicator	Replace the first bullet with: <ul style="list-style-type: none"> • 65 years of age and older as of December 31 of the measurement year.
146	Comprehensive Diabetes Care	Table CDC-H	Add LOINC code 55440-2.
150	Comprehensive Diabetes Care	Hybrid Specification—Denominator	Add the following text to the end of the first paragraph. The HbA1c Control <7% for a selected population indicator is not collected or reported for the Medicare product line. Organizations should use a sample size of 411 for the Medicare product line.
150	Comprehensive Diabetes Care	Required exclusions for the HbA1c Control <7.0% for a Selected Population—Medical Record	Replace the first bullet with: <ul style="list-style-type: none"> • 65 years of age and older as of December 31 of the measurement year.
152	Comprehensive Diabetes Care	Hybrid Specification—Numerators: LDL-C screening	Replace the second sentence in the Medical record section with the following text. The organization may use a calculated or direct LDL for LDL-C screening and control indicators.
161	Disease-Modifying Anti-Rheumatic Drug Therapy for Rheumatoid Arthritis	Table ART-C	Delete J code J2910 from the description of anti-rheumatics.

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164	Osteoporosis Management in Women Who Had a Fracture	Table OMW-A	Delete CPT ³ codes 22315, 22325–22328, 24586, 24587.
172	Antidepressant Medication Management	Table AMM-B	Add HCPCS codes G0409–G0411 to the “Outpatient, intensive outpatient and partial hospitalization” description.
175	Follow-Up Care for Children Prescribed ADHD Medication	Summary of Changes	Delete the first bullet under Summary of Changes to HEDIS 2010 .
177	Follow-Up Care for Children Prescribed ADHD Medication	Table ADD-C	Add HCPCS codes G0409–G0411.
179	Follow-Up Care for Children Prescribed ADHD Medication	Note	Replace the first bulleted note with: <ul style="list-style-type: none"> • <i>Members who have multiple overlapping prescriptions should count the overlap days once toward the days supply (regardless of whether the overlap is for the same drug or for a different drug).</i>
182	Follow-Up After Hospitalization for Mental Illness	Table FUH-C	Add HCPCS codes G0409–G0411.
187	Annual Monitoring for Patients on Persistent Medications	Event/diagnosis	Replace the second paragraph with the following text. Treatment days are the actual number of calendar days covered with prescriptions within the measurement year (i.e., a prescription of 90 days supply dispensed on December 1 of the measurement year counts as 30 treatment days).
192	Medication Reconciliation Post-Discharge	Definition	Replace the definition of “Medication reconciliation” with the following text. A type of review in which the discharge medications are reconciled with the most recent medication list in the outpatient medical record.
221	Adults’ Access to Preventive/ Ambulatory Health Services	Table AAP-A	Add HCPCS code G0402 to the description of “Preventive medicine.”
228	Initiation and Engagement of Alcohol and Other Drug Dependence Treatment	Table IET-B	Add HCPCS codes G0409–G0411.
235	Prenatal and Postpartum Care	Table PPC-C	Add CPT codes 76819–76821, 76825–76828 to Decision Rule 2, Part B.
236	Prenatal and Postpartum Care	Table PPC-C	Add CPT codes 76819–76821, 76825–76828 to Decision Rule 3, Part B.
238	Prenatal and Postpartum Care	Table PPC-D	Add CPT codes 76819–76821, 76825–76828 to Part B.
241	Prenatal and Postpartum Care	Note	Add the following text as the last bullet. <ul style="list-style-type: none"> • When using the Administrative Method, the intent is that the visit be with a PCP or OB/GYN. The ancillary services (lab, ultrasound) may be with an ancillary provider.

Page	Measure/Guideline	Head/Subtitle	Update
255	Guidelines for Use of Service Measures	Specific Instructions for Use of Service Tables—Which services count?	<p>Add the following text:</p> <p>The organization may use one of several options when determining payment for claims, including:</p> <ul style="list-style-type: none"> • Cover the full amount • Pay only a portion of the fee (e.g., 80 percent) • Not pay anything because the member must cover the entire amount to meet a deductible • Not pay anything because the service is covered as part of a PMPM payment • Deny the service <p>The organization should count the service if:</p> <ul style="list-style-type: none"> • It pays the full amount <i>or</i> a portion of the amount (e.g., 80 percent) • The member paid for the cost of a service that is part of their benefit offering (e.g., to meet a deductible) <i>or</i> • The service was covered under a PMPM payment. <p>The organization should not count the service if:</p> <ul style="list-style-type: none"> • It denied the service for any reason except for services that the member paid for the cost of a service that is part of their benefit offering (e.g., to meet a deductible as stated previously). • The claim for the service was rejected as missing information or invalid for some other reason.
278	Frequency of Selected Procedures	Table FSP-A	Add ICD-9-CM Procedure code 17.3 to the <i>Partial excision of large intestine</i> row.
288	Ambulatory Care	Table AMB-C: Codes to Identify Ambulatory Surgery/Procedures—Option A	<p>Replace “All codes included in the CMS 2009 ASC Approved HCPCS Codes and Payment Rates file” with “Only the CPT covered surgical procedure codes included in the CMS 2009 ASC Approved HCPCS Codes and Payment Rates file”</p> <p>Add immediately following the last sentence of the asterisked text below the <i>Option B</i> table.</p> <p>Use only the spreadsheet titled <i>Addendum AA–ASC Covered Surgical Procedures for October 2009</i>. Only use 5-digit all-numeric CPT codes (Level 1 HCPCS) that are in the spreadsheet; do not include any codes with an alpha value.</p>
292	Inpatient Utilization—General Hospital/Acute Care	Table IPU-A	Add ICD-9-CM Diagnosis codes V87–V89.
302	Identification of Alcohol and Other Drug Services	Table IAD-C	Add HCPCS codes G0410, G0411.
302	Identification of Alcohol and Other Drug Services	Table IAD-D	Add HCPCS code G0409.
307	Mental Health Utilization	Table MPT-C	Add HCPCS codes G0410, G0411.
307	Mental Health Utilization	Table MPT-D	Add HCPCS code G0409.

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329	Guidelines for Cost of Care Measures	Guidelines – Which services count?	<p>Add the following text:</p> <p>The organization may use one of several options when determining payment for claims, including:</p> <ul style="list-style-type: none"> • Cover the full amount • Pay only a portion of the fee (e.g., 80 percent) • Not pay anything because the member must cover the entire amount to meet a deductible • Not pay anything because the service is covered as part of a PMPM payment • Deny the service <p>The organization should count the service if:</p> <ul style="list-style-type: none"> • It pays the full amount <i>or</i> a portion of the amount (e.g., 80 percent) • The member paid for the cost of a service that is part of their benefit offering (e.g., to meet a deductible) <i>or</i> • The service was covered under a PMPM payment. <p>The organization should not count the service if:</p> <ul style="list-style-type: none"> • It denied the service for any reason except for services that the member paid for the cost of a service that is part of their benefit offering (e.g., to meet a deductible as stated previously). • The claim for the service was rejected as missing information or invalid for some other reason.
332-333	Guidelines for Cost of Care	Calculating Standard Cost	<p>Label Step 6 “Step 5”; label Step 7 “Step 6.”</p> <p>A number was skipped in the text. No text is missing.</p>
337	Guidelines for Cost of Care	Calculating Standard Units of Service and Total Standard Cost: E&M	Replace the Standard Price (\$) Total of “530.50” in the first example table with “445.50.”
345	Relative Resource Use for People With Diabetes	Exclusions (optional)	Delete the reference to Table CDC-C in the first sentence of both bullets.
345	Relative Resource Use for People With Diabetes	Table RDI-A	Add ICD-9-CM Procedure codes 00.10, 00.15, 99.25, 99.28, 99.85 to the treatment description.
349	Relative Resource Use for People With Diabetes	Standard Cost Calculations—Calculate total cost	<p>Replace the second sentence in the first paragraph with the following text.</p> <p>Within each service category, if a member’s standard cost exceeds the service category cap amount, report the total standard cost specified in NCQA’s Cost Cap Amount table (released with the SPTs).</p>
355	Relative Resource Use for People With Asthma	Eligible Population—Ages	Replace “5–56 years” with “5–50 years.”

Page	Measure/Guideline	Head/Subtitle	Update
359-361	Relative Resource Use for People With Asthma	Reporting Tables	Replace the age range "45–54" with "45–50" and delete the "55–56" year age range from all reporting tables.
375	Relative Resource Use for People With Cardiovascular Conditions	Reporting Table—Total Standard Cost by Service Category, Age and Gender	Replace "Surgery & Procedure—Inpatient" in the seventh column with "Surgery & Procedure—Outpatient."
1-9	Appendix 1—Summary Table of Measures, Product Lines and Changes	Frequency of Ongoing Prenatal Care	Replace the text in the <i>Changes to HEDIS 2010</i> column with the following. <ul style="list-style-type: none"> • No changes to this measure.
1-9	Appendix 1—Summary Table of Measures, Product Lines and Changes	Well-Child Visits in the First 15 Months of Life	Add the following text as the second bullet in the <i>Changes to HEDIS 2010</i> column. <ul style="list-style-type: none"> • Added CPT code 99461 to Table W15-A.

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