Overuse/Appropriateness

## Non-Recommended Cervical Cancer Screening in Adolescent Females (NCS)

Summary of Changes to HEDIS 2016

* Added a requirement to not include denied claims in the numerator.
* Added “Numerator events by supplemental data” to the Data Elements for Reporting table to capture the number of members who met numerator criteria using supplemental data.

Description

The percentage of adolescent females 16–20 years of age who were screened unnecessarily for cervical cancer.

**Note:** A lower rate indicates better performance.

Eligible Population

|  |  |
| --- | --- |
| Product lines | Commercial, Medicaid (report each product line separately). |
| Ages | Adolescent females 16–20 years as of December 31 of the measurement year. |
| Continuous enrollment | The measurement year. |
| Allowable gap | No more than one gap in enrollment of up to 45 days during the measurement year. To determine continuous enrollment for a Medicaid beneficiary for whom enrollment is verified monthly, the member may not have more than a 1-month gap in coverage (i.e., a member whose coverage lapses for 2 months [60 days] is not considered continuously enrolled). |
| Anchor date | December 31 of the measurement year. |
| Benefit | Medical. |
| Event/diagnosis | None. |
| Required exclusions | A history of cervical cancer (Cervical Cancer Value Set), HIV (HIV Value Set) or immunodeficiency (Disorders of the Immune System Value Set) any time during the member’s history through December 31 of the measurement year. |

Administrative Specification

|  |  |
| --- | --- |
| Denominator | The eligible population. |
| Numerator | Cervical cytology (Cervical Cytology Value Set) or an HPV test (HPV Tests Value Set) performed during the measurement year.  Do not include denied claims. |

*Note*

* *Although denied claims are not included when assessing the numerator, all claims (paid, suspended, pending and denied) must be included when identifying the eligible population.*

Data Elements for Reporting

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

### Table NCS-1/2: Data Elements for Non-Recommended Cervical Cancer Screening in Adolescent Females

|  |  |
| --- | --- |
|  | Administrative |
| Measurement year | ✓ |
| Data collection methodology (Administrative) | ✓ |
| Eligible population | ✓ |
| Number of required exclusions | ✓ |
| Numerator events by administrative data | ✓ |
| Numerator events by supplemental data | ✓ |
| Reported rate | ✓ |
| Lower 95% confidence interval | ✓ |
| Upper 95% confidence interval | ✓ |

## Non-Recommended PSA-Based Screening in Older Men (PSA)

Summary of Changes to HEDIS 2016

* Added a requirement to not include denied claims in the numerator.
* Added “Numerator events by supplemental data” to the Data Elements for Reporting table to capture the number of members who met numerator criteria using supplemental data.

Description

The percentage of men 70 years and older who were screened unnecessarily for prostate cancer using prostate-specific antigen (PSA)-based screening.

**Note:** A lower rate indicates better performance.

Eligible Population

|  |  |
| --- | --- |
| Product lines | Medicare. |
| Ages | Men 70 years and older as of December 31 of the measurement year. |
| Continuous enrollment | The measurement year. |
| Allowable gap | No more than one gap in enrollment of up to 45 days. |
| Anchor date | December 31 of the measurement year. |
| Benefit | Medical. |
| Event/diagnosis | None. |
| Required exclusions | Men who had a diagnosis for which PSA-based testing is clinically appropriate. Any of the following meet criteria:   * Prostate cancer diagnosis (Prostate Cancer Value Set) any time during the member’s history through December 31 of the measurement year. * Dysplasia of the prostate (Prostate Dysplasia Value Set) during the measurement year or the year prior to the measurement year. * A PSA test (PSA Test Exclusion Value Set) during the year prior to the measurement year, where laboratory data indicate an elevated result (>4.0 nanograms/milliliter [ng/mL]). |

Administrative Specification

|  |  |
| --- | --- |
| Denominator | The eligible population. |
| Numerator | A PSA-based screening test (PSA Tests Value Set) performed during the measurement year.  Do not include denied claims. |

*Note*

* *Although denied claims are not included when assessing the numerator, all claims (paid, suspended, pending and denied) must be included when identifying the eligible population.*

Data Elements for Reporting

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

### Table PSA-3: Data Elements for Non-Recommended PSA-Based Screening in Older Men

|  |  |
| --- | --- |
|  | Administrative |
| Measurement year | ✓ |
| Data collection methodology (Administrative) | ✓ |
| Eligible population | ✓ |
| Number of required exclusions | ✓ |
| Numerator events by administrative data | ✓ |
| Numerator events by supplemental data | ✓ |
| Reported rate | ✓ |
| Lower 95% confidence interval | ✓ |
| Upper 95% confidence interval | ✓ |

## Appropriate Treatment for Children With Upper Respiratory Infection (URI)

Summary of Changes to HEDIS 2016

* Added “Numerator events by supplemental data” to the Data Elements for Reporting table to capture the number of members who met numerator criteria using supplemental data.

**Note:** ICD-10 codes are not in effect during the Intake Period for the measure. To accommodate the ICD-10 codes in HEDIS 2017, we anticipate the removal of the single diagnosis code requirement from the measure specifications and the addition of comorbid conditions and competing conditions (ICD-10 coding guidelines for respiratory diagnoses encourage multiple codes on claims).

Description

The percentage of children 3 months–18 years of age who were given a diagnosis of upper respiratory infection (URI) and were not dispensed an antibiotic prescription.

Calculation

The measure is reported as an inverted rate [1 – (numerator/eligible population)]. A higher rate indicates appropriate treatment of children with URI (i.e., the proportion for whom antibiotics *were not* prescribed).

Definitions

|  |  |
| --- | --- |
| Intake Period | A 12-month window that begins on July 1 of the year prior to the measurement year and ends on June 30 of the measurement year. The Intake Period captures eligible episodes of treatment. |
| Episode Date | The date of service for any outpatient or ED visit during the Intake Period with only a diagnosis of URI. Exclude claims/encounters with more than one diagnosis. |
| IESD | Index Episode Start Date. The earliest Episode Date during the Intake Period that meets all of the following criteria:   * A 30-day Negative Medication History prior to the Episode Date. * A Negative Competing Diagnosis on or 3 days after the Episode Date. * The member was continuously enrolled 30 days prior to the Episode Date through 3 days after the Episode Date. |
| Negative Medication History | To qualify for Negative Medication History, the following criteria must be met:   * A period of 30 days prior to the Episode Date when the member had no pharmacy claims for either new or refill prescriptions for a listed antibiotic drug. * No prescriptions filled more than 30 days prior to the Episode Date that are active on the Episode Date.   A prescription is considered active if the “days supply” indicated on the date when the member filled the prescription is the number of days or more between that date and the relevant service date. The 30-day look-back period for pharmacy data includes the 30 days prior to the Intake Period. |

|  |  |
| --- | --- |
| Negative Competing Diagnosis | The Episode Date and three days following the Episode Date when the member had no claims/encounters with a competing diagnosis. |

Eligible Population

|  |  |
| --- | --- |
| Product lines | Commercial, Medicaid (report each product line separately). |
| Ages | Children 3 months as of July 1 of the year prior to the measurement year to 18 years as of June 30 of the measurement year. |
| Continuous enrollment | 30 days prior to the Episode Date through 3 days after the Episode Date (34 total days). |
| Allowable gap | No gaps in enrollment during the continuous enrollment period. |
| Anchor date | Episode Date. |
| Benefits | Medical and pharmacy. |
| Event/ diagnosis | Outpatient or ED visit with only a diagnosis of URI during the Intake Period.  Follow the steps below to identify the eligible population: |
| *Step 1* | Identify all members who had an outpatient visit (Outpatient Value Set), an observation visit (Observation Value Set) or an ED visit (ED Value Set) during the Intake Period, with only a diagnosis of URI (URI Value Set).  Exclude claims/encounters with more than one diagnosis code and ED visits that result in an inpatient admission. |
| *Step 2* | Determine all URI Episode Dates. For each member identified in step 1, determine all outpatient or ED claims/encounters with only a URI diagnosis. |
| *Step 3* | Test for Negative Medication History. Exclude Episode Dates where a new or refill prescription for an antibiotic medication (Table CWP-C) was filled 30 days prior to the Episode Date or was active on the Episode Date. |
| *Step 4* | Test for Negative Competing Diagnosis. Exclude Episode Dates where the member had a claim/encounter with a competing diagnosis on or three days after the Episode Date. A code from either of the following meets criteria for a competing diagnosis:   * Pharyngitis Value Set. * Competing Diagnosis Value Set. |
| *Step* *5* | Calculate continuous enrollment. The member must be continuously enrolled without a gap in coverage from 30 days prior to the Episode Date through 3 days after the Episode Date (34 total days). |
| *Step 6* | Select the IESD. This measure examines the earliest eligible episode per member. |

Administrative Specification

|  |  |
| --- | --- |
| Denominator | The eligible population. |
| Numerator | Dispensed prescription for antibiotic medication (Table CWP-C) on or three days after the IESD. |

Data Elements for Reporting

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

### Table URI-1/2: Data Elements for Appropriate Treatment for Children With Upper Respiratory Infection

|  |  |
| --- | --- |
|  | Administrative |
| Measurement year | ✓ |
| Data collection methodology (Administrative) | ✓ |
| Eligible population | ✓ |
| Numerator events by administrative data | ✓ |
| Numerator events by supplemental data | ✓ |
| Reported rate | ✓ |
| Lower 95% confidence interval | ✓ |
| Upper 95% confidence interval | ✓ |

## Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis (AAB)

Summary of Changes to HEDIS 2016

* Added “Numerator events by supplemental data” to the Data Elements for Reporting table to capture the number of members who met numerator criteria using supplemental data.

Description

The percentage of adults 18–64 years of age with a diagnosis of acute bronchitis who were not dispensed an antibiotic prescription.

Calculation

The measure is reported as an inverted rate [1 – (numerator/eligible population)]. A higher rate indicates appropriate treatment of adults with acute bronchitis (i.e., the proportion for whom antibiotics were *not* prescribed).

Definitions

|  |  |
| --- | --- |
| Intake Period | January 1–December 24 of the measurement year. The Intake Period captures eligible episodes of treatment. |
| Episode Date | The date of service for any outpatient or ED visit during the Intake Period with a diagnosis of acute bronchitis. |
| IESD | Index Episode Start Date. The earliest Episode Date during the Intake Period that meets all of the following criteria:   * A 30-day Negative Medication History prior to the Episode Date. * A 12-month Negative Comorbid Condition History prior to and including the Episode Date. * A Negative Competing Diagnosis during the 38-day period from 30 days prior to the Episode Date through 7 days after the Episode Date. * The member was continuously enrolled 1 year prior to the Episode Date through 7 days after the Episode Date. |
| Negative Medication History | To qualify for Negative Medication History, the following criteria must be met:   * A period of 30 days prior to the Episode Date, when the member had no pharmacy claims for either new or refill prescriptions for a listed antibiotic drug. * No prescriptions that were filled more than 30 days prior to the Episode Date and are active on the Episode Date.   A prescription is considered active if the “days supply” indicated on the date when the member filled the prescription is the number of days or more between that date and the relevant service date. The 30-day look-back period for pharmacy data includes the 30 days prior to the Intake Period. |

|  |  |
| --- | --- |
| Negative Comorbid Condition History | A period of 12 months prior to and including the Episode Date, when the member had no claims/encounters with any diagnosis for a comorbid condition. |
| Negative Competing Diagnosis | A period of 30 days prior to the Episode Date through 7 days after the Episode Date (38 total days), when the member had no claims/encounters with any competing diagnosis. |

Eligible Population

|  |  |
| --- | --- |
| Product lines | Commercial, Medicaid (report each product line separately). |
| Ages | Adults 18 years as of January 1 of the year prior to the measurement year to 64 years as of December 31 of the measurement year. |
| Continuous enrollment | One year prior to the Episode Date through seven days after the Episode Date (373 total days). |
| Allowable gap | No more than one gap of 45 days is permitted from 365 days (1 year) prior to the Episode Date through 7 days after the Episode Date. To determine continuous enrollment for a Medicaid beneficiary for whom enrollment is verified monthly, the member may not have more than a 1-month gap in coverage (i.e., a member whose coverage lapses for 2 months [60 days] is not continuously enrolled). |
| Anchor date | Episode Date. |
| Benefits | Medical and pharmacy. |
| Event/diagnosis | Outpatient or ED visit during the Intake Period with any diagnosis of acute bronchitis. Follow the steps below to identify the eligible population: |
| *Step 1* | Identify all members in the specified age range who had an outpatient visit (Outpatient Value Set), an observation visit (Observation Value Set) or an ED visit (ED Value Set) during the Intake Period, with a diagnosis of acute bronchitis (Acute Bronchitis Value Set).  Do not include ED visits that result in an inpatient admission. |
| *Step 2* | Determine all acute bronchitis Episode Dates. For each member identified in  step 1, determine all outpatient or ED claims/encounters with a diagnosis of acute bronchitis. |
| *Step 3* | Test for Negative Comorbid Condition History. Exclude Episode Dates when the member had a claim/encounter with any diagnosis for a comorbid condition during the 12 months prior to or on the Episode Date. A code from any of the following meets criteria for a comorbid condition:   * HIV Value Set. * Malignant Neoplasms Value Set. * Emphysema Value Set. * COPD Value Set. * Cystic Fibrosis Value Set. * Comorbid Conditions Value Set. |
| *Step 4* | Test for Negative Medication History. Exclude Episode Dates where a new or refill prescription for an antibiotic medication (Table AAB-D) was filled 30 days prior to the Episode Date or was active on the Episode Date. |

|  |  |
| --- | --- |
| *Step 5* | Test for Negative Competing Diagnosis.Exclude Episode Dates where during the period 30 days prior to the Episode Date through 7 days after the Episode Date (38 total days) the member had a claim/encounter with any competing diagnosis. A code from either of the following meets criteria for a competing diagnosis:   * Pharyngitis Value Set. * Competing Diagnosis Value Set. |
| *Step 6* | Calculate continuous enrollment. The member must be continuously enrolled with no more than one gap in coverage from 365 days (1 year) prior to the Episode Date through 7 days after the Episode Date (373 total days). |
| *Step 7* | Select the IESD. This measure examines the earliest eligible episode per member. |

Administrative Specification

|  |  |
| --- | --- |
| Denominator | The eligible population. |
| Numerator | Dispensed prescription for antibiotic medication (Table AAB-D) on or three days after the IESD. |

### Table AAB-D: Antibiotic Medications

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Description | Prescription | | | |
| Aminoglycosides | * Amikacin * Gentamicin | * Kanamycin * Streptomycin | * Tobramycin | |
| Aminopenicillins | * Amoxicillin | * Ampicillin | | |
| Antipseudomonal penicillins | * Piperacillin |  | | |
| Beta-lactamase inhibitors | * Amoxicillin-clavulanate * Ampicillin-sulbactam | * Piperacillin-tazobactam | * Ticarcillin-clavulanate | |
| First-generation cephalosporins | * Cefadroxil | * Cefazolin | * Cephalexin | |
| Fourth-generation cephalosporins | * Cefepime | | | |
| Ketolides | * Telithromycin | | | |
| Lincomycin derivatives | * Clindamycin | * Lincomycin | | |
| Macrolides | * Azithromycin * Clarithromycin | * Erythromycin * Erythromycin ethylsuccinate | | * Erythromycin lactobionate * Erythromycin stearate |
| Miscellaneous antibiotics | * Aztreonam * Chloramphenicol * Dalfopristin-quinupristin | * Daptomycin * Erythromycin-sulfisoxazole * Linezolid | | * Metronidazole * Vancomycin |
| Natural penicillins | * Penicillin G benzathine-procaine * Penicillin G potassium | * Penicillin G procaine * Penicillin G sodium | * Penicillin V potassium * Penicillin G benzathine | |
| Penicillinase resistant penicillins | * Dicloxacillin | * Nafcillin | * Oxacillin | |
| Quinolones | * Ciprofloxacin * Gemifloxacin | * Levofloxacin * Moxifloxacin | * Norfloxacin * Ofloxacin | |
| Rifamycin derivatives | * Rifampin | | | |
| Second generation cephalosporin | * Cefaclor * Cefotetan | * Cefoxitin * Cefprozil | * Cefuroxime | |
| Sulfonamides | * Sulfadiazine | * Sulfamethoxazole-trimethoprim | | |
| Tetracyclines | * Doxycycline | * Minocycline | * Tetracycline | |
| Third generation cephalosporins | * Cefdinir * Cefditoren * Cefixime | * Cefotaxime * Cefpodoxime * Ceftazidime | * Ceftibuten * Ceftriaxone | |
| Urinary anti-infectives | * Fosfomycin * Nitrofurantoin | * Nitrofurantoin macrocrystals-monohydrate * Trimethoprim | | |
| * Nitrofurantoin macrocrystals | | | |

**Note:** NCQA will post a comprehensive list of medications and NDC codes to www.ncqa.org by November 2, 2015.

Data Elements for Reporting

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

### Table AAB-1/2: Data Elements for Avoidance of Antibiotic Treatment in Adults With Acute Bronchitis

|  |  |
| --- | --- |
|  | Administrative |
| Measurement year | ✓ |
| Data collection methodology (Administrative) | ✓ |
| Eligible population | ✓ |
| Total numerator events by administrative data | ✓ |
| Numerator events by supplemental data | ✓ |
| Reported rate | ✓ |
| Lower 95% confidence interval | ✓ |
| Upper 95% confidence interval | ✓ |

## Use of Imaging Studies for Low Back Pain (LBP)

Summary of Changes to HEDIS 2016

* Added “Numerator events by supplemental data” to the Data Elements for Reporting table to capture the number of members who met numerator criteria using supplemental data.

Description

The percentage of members with a primary diagnosis of low back pain who did not have an imaging study (plain X-ray, MRI, CT scan) within 28 days of the diagnosis.

Calculation

The measure is reported as an inverted rate [1 – (numerator/eligible population)]. A higher score indicates appropriate treatment of low back pain (i.e., the proportion for whom imaging studies did not occur).

Definitions

|  |  |
| --- | --- |
| Intake Period | January 1–December 3 of the measurement year. The Intake Period is used to identify the first outpatient or ED encounter with a primary diagnosis of low back pain. |
| IESD | Index Episode Start Date. The earliest date of service for an outpatient or ED encounter during the Intake Period with a principal diagnosis of low back pain. |
| Negative Diagnosis History | A period of 180 days (6 months) prior to the IESD when the member had no claims/ encounters with any diagnosis of low back pain. |

Eligible Population

|  |  |
| --- | --- |
| Product line | Commercial, Medicaid (report each product line separately). |
| Ages | 18 years as of January 1 of the measurement year to 50 years as of December 31 of the measurement year. |
| Continuous enrollment | 180 days (6 months) prior to the IESD through 28 days after the IESD. |
| Allowable gap | No gaps in enrollment during the continuous enrollment period. |
| Anchor date | IESD. |
| Benefit | Medical. |
| Event/ diagnosis | Outpatient or ED visit with a primary diagnosis of low back pain. Follow the steps below to identify the eligible population. |

|  |  |
| --- | --- |
| *Step 1* | Identify all members in the specified age range who had any of the following during the Intake Period:   * Outpatient visit (Outpatient Value Set), with a principal diagnosis of low back pain (Low Back Pain Value Set). * Observation visit (Observation Value Set), with a principal diagnosis of low back pain (Low Back Pain Value Set). * ED visit (ED Value Set), with a principal diagnosis of low back pain (Low Back Pain Value Set). Do not include ED visits that result in an inpatient admission. * Osteopathic manipulative treatment (Osteopathic Manipulative Treatment Value Set), with a principal diagnosis of low back pain (Low Back Pain Value Set). |
| *Step 2* | Determine the IESD. For each member identified in step 1, determine the earliest episode of low back pain. If the member had more than one encounter, include only the first encounter. |
| *Step 3* | Test for Negative Diagnosis History. Exclude members with a diagnosis of low back pain (Low Back Pain Value Set) during the 180 days (6 months) prior to the IESD. |
| *Step 4: Required exclusions* | Exclude any member who had a diagnosis for which imaging is clinically appropriate. Any of the following meet criteria:   * *Cancer.* Cancer any time during the member’s history through 28 days after the IESD. Any of the following meet criteria: * Malignant Neoplasms Value Set. * Other Neoplasms Value Set. * History of Malignant Neoplasm Value Set. * *Recent trauma.* Trauma (Trauma Value Set) any time during the 12 months (1 year) prior to the IESD through 28 days after the IESD. * *Intravenous drug abuse.* IV drug abuse (IV Drug Abuse Value Set) any time during the 12 months (1 year) prior to the IESD through 28 days after the IESD. * *Neurologic impairment*. Neurologic impairment (Neurologic Impairment Value Set) any time during the 12 months (1 year) prior to the IESD through 28 days after the IESD. |
| *Step 5* | Calculate continuous enrollment. Members must be continuously enrolled for 180 days  (6 months) prior to the IESD through 28 days after the IESD. |

Administrative Specification

|  |  |
| --- | --- |
| Denominator | The eligible population. |
| Numerator | An imaging study (Imaging Study Value Set) with a diagnosis of low back pain (Low Back Pain Value Set) on the IESD or in the 28 days following the IESD. |

Data Elements for Reporting

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

### Table LBP-1/2: Data Elements for Use of Imaging Studies for Low Back Pain

|  |  |
| --- | --- |
|  | Administrative |
| Measurement year | ✓ |
| Data collection methodology (Administrative) | ✓ |
| Eligible population | ✓ |
| Number of required exclusions | ✓ |
| Numerator events by administrative data | ✓ |
| Numerator events by supplemental data | ✓ |
| Reported rate | ✓ |
| Lower 95% confidence interval | ✓ |
| Upper 95% confidence interval | ✓ |

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

Summary of Changes to HEDIS 2016

* Added “Numerator events by supplemental data” to the Data Elements for Reporting table to capture the number of members who met numerator criteria using supplemental data.

Description

The percentage of children and adolescents 1–17 years of age who were on two or more concurrent antipsychotic medications.

**Note:** A lower rate indicates better performance.

Eligible Population

|  |  |  |
| --- | --- | --- |
| Product lines | Commercial, Medicaid (report each product line separately). | |
| Ages | 1–17 years as of December 31 of the measurement year. Report three age stratifications and a total rate: | |
| * 1–5 years. * 6–11 years. | * 12–17 years. * Total. |
| The total is the sum of the age stratifications. | |
| Continuous enrollment | The measurement year. | |
| Allowable gap | No more than one gap in continuous enrollment of up to 45 days during the measurement year. To determine continuous enrollment for a Medicaid beneficiary for whom enrollment is verified monthly, the member may not have more than a  1-month gap in coverage (i.e., a member whose coverage lapses for 2 months [60 days] is not considered continuously enrolled). | |
| Anchor date | December 31 of the measurement year. | |
| Benefit | Medical and pharmacy. | |
| Event/diagnosis | Members with 90 days of continuous antipsychotic medication treatment during the measurement year. Use the steps below to determine the eligible population. | |
| *Step 1* | Identify members in the specified age range who were dispensed an antipsychotic medication (Table APC-A) during the measurement year. | |
| *Step 2* | Calculate continuous enrollment. The member must be continuously enrolled during the measurement year. | |
| *Step 3* | For each member, identify all antipsychotic medication dispensing events (prescriptions) during the measurement year. | |

|  |  |
| --- | --- |
| *Step 4* | Identify start and end dates for drug events. Drug events are defined separately by drug using the Drug ID field in the NDC list.  For each drug ID, sort dispensing events chronologically by dispense date. If there is more than one prescription for the same medication dispensed on the same day, use only the prescription with the longest days supply in the calculation.  Starting with the first prescription in the measurement year determine if there is a second dispense date with the same Drug ID.   * If there is no second dispensing event with the same Drug ID, the start date is the first prescription’s dispense date and the end date is the start date plus the days supply minus one. For example, a January 1 prescription with a 30 days supply has an end date of January 30. * If there is a second dispensing event with the same Drug ID, determine if there are gap days (a 32-day gap is allowed). Calculate the number of days between (but not including) the first prescription’s dispense date and the second prescription’s dispense date. If the number of days is less than or equal to the first prescription’s days supply plus 32 days, the gap is less than or equal to 32 days and is allowed. The start date is the first prescription’s dispense date and the end date is the second prescription’s dispense date plus days supply minus one. Continue assessing all subsequent dispensing events with allowable gaps for the same Drug ID and adjust end dates as needed. * For example, a member has two dispensing events with the same Drug ID. The first is on July 1, with a 30 days supply. The second is on September 1, with a 30 days supply. The number of days between (but not including) the dispense dates is 61  (July 2–August 31).The gap is allowed because 61 is less than the first prescription’s days supply plus 32 days (30 + 32 = 62). The start date is July 1 and the end date is September 30. * If there is a second dispensing event with the same Drug ID and there is a gap that exceeds the allowable gap, assign an end date for this drug event and follow the beginning of step 4 for the remaining dispensing events. A member can have multiple start and end dates per Drug ID during the measurement year.   Continue assessing each dispensed prescription for each Drug ID until all dispensing events are exhausted. If a dispensing event goes beyond December 31 of the measurement year, assign the end date as December 31. |
| *Step 5* | For each member, identify those with ≥90 consecutive treatment days.  For each member, using the start and end dates from all drug events identified in step 4 (which may include events for the same or different medications and may include events with allowable gaps), determine all calendar days covered by at least one antipsychotic medication. If there were ≥90 consecutive calendar days, include the member in the measure. |

### Table APC-A: Antipsychotic Medications

|  |  |  |  |
| --- | --- | --- | --- |
| Description | Prescription | | |
| First Generation Antipsychotic Medications | * Chlorpromazine HCL * Fluphenazine HCL * Fluphenazine decanoate * Haloperidol * Haloperidol decanoate * Haloperidol lactate | * Loxapine HCL * Loxapine succinate * Molindone HCL * Perphenazine * Pimozide | * Thioridazine HCL * Thiothixene * Trifluoperazine HCL |
| Second Generation Antipsychotic Medications | * Aripiprazole * Clozapine * Iloperidone * Lurasidone * Olanzapine | * Olanzapine pamoate * Paliperidone * Paliperidone palmitate * Quetiapine fumarate * Risperidone | * Risperidone microspheres * Ziprasidone HCL * Ziprasidone mesylate |

**Note:** NCQA will post a comprehensive list of medications and NDC codes to www.ncqa.org by November 2, 2015.

Administrative Specification

|  |  |
| --- | --- |
| Denominator | The eligible population. |
| Numerator | Members on two or more concurrent antipsychotic medications for at least 90 consecutive days during the measurement year. Use the steps below to determine the numerator. |
| *Step 1* | For each member, by Drug ID, identify all drug events, start dates and end dates (identified in step 4 of the event/diagnosis criteria used to identify the eligible population [denominator]). |
| *Step 2* | Identify concurrent antipsychotic medication treatment events as follows.  For each member, identify the first day during the measurement year when the member was treated with two or more different antipsychotic medications (use the Drug ID to identify different drugs). This is the concurrent antipsychotic medication treatment event start date.  Beginning with (and including) the start date, identify the number of consecutive days the member remains on two or more different antipsychotic medications. If the number of days ≥90 days, the member is numerator compliant.  If the number of consecutive days on multiple antipsychotic medications is <90 days, identify the end date and identify the next day during the measurement year when the member was treated with two or more different antipsychotic medications. If the number of days between the end date and the next start date is ≤15 days, include the days in the concurrent antipsychotic medication treatment event (*concurrent antipsychotic medication treatment events* allow a 15-day gap).  If the number of days between the end date and the next start date exceeds 15 days, end the event; using the new start date, continue to assess for concurrent antipsychotic medication treatment events.  Continue this process until the number of concurrent antipsychotic medication treatment days is ≥90 consecutive days (i.e., the member is numerator compliant) or until the measurement year is exhausted (i.e., no concurrent antipsychotic medication treatment events were identified during the measurement year). |

Data Elements for Reporting

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

### Table APC-1/2: Data Elements for Use of Multiple Concurrent Antipsychotics in Children and Adolescents

|  |  |
| --- | --- |
|  | Administrative |
| Measurement year | ✓ |
| Data collection methodology (Administrative) | ✓ |
| Eligible population | *For each age stratification and total* |
| Numerator events by administrative data | *For each age stratification and total* |
| Numerator events by supplemental data | *For each age stratification and total* |
| Reported rate | *For each age stratification and total* |
| Lower 95% confidence interval | *For each age stratification and total* |
| Upper 95% confidence interval | *For each age stratification and total* |

## Potentially Harmful Drug-Disease Interactions in the Elderly (DDE)

Summary of Changes to HEDIS 2016

* Revised the method and value sets to identify acute and nonacute inpatient discharges for step 1 of the Rate 1 additional eligible population criteria.
* Added Other Bipolar Disorder Value Set to step 2 required exclusions for Rate 1 and Rate 2.
* Added “Numerator events by supplemental data” to the Data Elements for Reporting table to capture the number of members who met numerator criteria using supplemental data.

Description

The percentage of Medicare members 65 years of age and older who have evidence of an underlying disease, condition or health concern and who were dispensed an ambulatory prescription for a potentially harmful medication, concurrent with or after the diagnosis.

Report each of the three rates separately and as a total rate.

* A history of falls and a prescription for anticonvulsants, nonbenzodiazepine hypnotics, SSRIs, antiemetics, antipsychotics, benzodiazepines or tricyclic antidepressants.
* Dementia and a prescription for antiemetics, antipsychotics, benzodiazepines, tricyclic antidepressants, H2 receptor antagonists, nonbenzodiazepine hypnotics or anticholinergic agents.
* Chronic kidney disease and prescription for Cox-2 selective NSAIDs or nonaspirin NSAIDs.
* Total rate (the sum of the three numerators divided by the sum of the three denominators).

Members with more than one disease or condition may appear in the measure multiple times (i.e., in each indicator for which they qualify). A lower rate represents better performance for all rates.

Definitions

|  |  |
| --- | --- |
| IESD | Index Episode Start Date. The earliest diagnosis, procedure or prescription between January 1 of the year prior to the measurement year and December 1 of the measurement year.  *For an outpatient claim/encounter,* the IESD is the date of service.  *For an inpatient claim/encounter,* the IESD is the discharge date.  *For dispensed prescriptions,* the IESD is the dispense date. |

Eligible Population

|  |  |
| --- | --- |
| Product line | Medicare. |
| Age | 67 years and older as of December 31 of the measurement year. |
| Continuous enrollment | The measurement year and the year prior to the measurement year. |
| Allowable gap | No more than one gap in enrollment of up to 45 days during each year of continuous enrollment. |
| Anchor date | Enrolled as of December 31 of the measurement year. |

|  |  |
| --- | --- |
| Benefit | Medical and pharmacy. |
| Event/ diagnosis | Members with at least one disease, condition or procedure in the measurement year or the year prior to the measurement year. Refer to *Additional Eligible Population Criteria* for each rate. |

Administrative Specification

Report each rate separately and as a combined rate. The total rate is the sum of the three numerators divided by the sum of the three denominators.

*Rate 1:* Drug-Disease Interactions—History of Falls and Anticonvulsants, Nonbenzodiazepine Hypnotics, SSRIs, Antiemetics, Antipsychotics, Benzodiazepines or Tricyclic Antidepressants

|  |  |
| --- | --- |
| Additional eligible population criteria | An accidental fall or hip fracture\* on or between January 1 of the year prior to the measurement year and December 1 of the measurement year.  \*Hip fractures are used as a proxy for identifying accidental falls.  Follow the steps below to identify the eligible population. |
| *Step 1* | Identify members who had an accidental fall or a hip fracture. Members with any of the following on or between January 1 of the year prior to the measurement year and  December 1 of the measurement year meet criteria:   * An accidental fall (Falls Value Set). * An outpatient visit (Outpatient Value Set), an observation visit (Observation Value Set) or an ED visit (ED Value Set) with a hip fracture (Hip Fractures Value Set). * An acute or nonacute inpatient discharge with a hip fracture (Hip Fractures Value Set). To identify acute and nonacute inpatient discharges:  1. Identify all acute and nonacute inpatient stays (Inpatient Stay Value Set). 2. Identify the discharge date for the stay.   Identify the IESD for each member. |
| *Step 2: Required Exclusions* | Exclude members with a diagnosis of psychosis (Psychosis Value Set), schizophrenia (Schizophrenia Value Set), bipolar disorder (Bipolar Disorder Value Set; Other Bipolar Disorder Value Set) or seizure disorder (Seizure Disorders Value Set) on or between January 1 of the year prior to the measurement year and December 1 of the measurement year. |
| Numerator | Dispensed an ambulatory prescription for an anticonvulsant, nonbenzodiazepine hypnotic, SSRI (Table DDE-A) or antiemetic, antipsychotic, benzodiazepine or tricyclic antidepressant (Table DDE-B) on or between the IESD and December 31 of the measurement year. |

### Table DDE-A: Potentially Harmful Drugs—Rate 1

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Description | Prescription | | | |
| Anticonvulsants | * Carbamazepine * Clobazam * Divalproex sodium * Ethosuximide * Ethotoin * Ezogabine * Felbamate | * Fosphenytoin * Gabapentin * Lacosamide * Lamotrigine * Levetiracetam * Mephobarbital * Methsuximide | * Oxcarbazepine * Phenobarbital * Phenytoin * Pregabalin * Primidone * Rufinamide * Tiagabine HCL | * Topiramate * Valproate sodium * Valproic acid * Vigabatrin * Zonisamide |
| Nonbenzodiazepine hypnotics | * Eszopiclone | * Zaleplon | * Zolpidem |  |
| SSRIs | * Citalopram * Escitalopram | * Fluoxetine * Fluvoxamine | * Paroxetine * Sertraline |  |

**Note:** NCQA will post a comprehensive list of medications and NDC codes to www.ncqa.org by November 2, 2015.

### Table DDE-B: Potentially Harmful Drugs—Rate 1 and Rate 2

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Description | Prescription | | | |
| Antiemetics | * Prochlorperazine | * Promethazine |  |  |
| Antipsychotics | * Aripiprazole * Asenapine * Chlorpromazine * Clozapine * Fluphenazine * Haloperidol | * Iloperidone * Loxapine * Lurasidone * Molindone * Olanzapine * Paliperidone | * Perphenazine * Pimozide * Quetiapine * Risperidone * Thioridazine * Thiothixene | * Trifluoperazine * Ziprasidone |
| Benzodiazepines | * Alprazolam * Chlordiazepoxide products * Clonazepam * Clorazepate-Dipotassium | * Diazepam * Estazolam * Flurazepam HCL * Lorazepam * Midazolam HCL | * Oxazepam * Quazepam * Temazepam * Triazolam | |
| Tricyclic antidepressants | * Amitriptyline * Amoxapine * Clomipramine | * Desipramine * Doxepin (>6 mg) * Imipramine | * Nortriptyline * Protriptyline * Trimipramine |  |

**Note:** NCQA will post a comprehensive list of medications and NDC codes to www.ncqa.org by November 2, 2015.

*Rate 2:* Drug-Disease Interactions—Dementia and Antiemetics, Antipsychotics, Benzodiazepines, Tricyclic Antidepressants, H2 Receptor Antagonists, Nonbenzodiazepine Hypnotics or Anticholinergic Agents

|  |  |
| --- | --- |
| Additional eligible population criteria | Follow the steps below to identify the eligible population. |
| *Step 1* | Identify members with a diagnosis of dementia (Dementia Value Set) or a dispensed dementia medication (Table DDE-C) on or between January 1 of the year prior to the measurement year and December 1 of the measurement year. Identify the IESD for each member. |

### Table DDE-C: Prescriptions to Identify Members With Dementia

|  |  |  |  |
| --- | --- | --- | --- |
| Description | Prescription | | |
| Cholinesterase inhibitors | * Donepezil | * Galantamine | * Rivastigmine |
| Miscellaneous central nervous system agents | * Memantine | | |

**Note:** NCQA will post a comprehensive list of medications and NDC codes to www.ncqa.org by  
November 2, 2015.

|  |  |
| --- | --- |
| *Step 2: Required exclusions* | Exclude members with a diagnosis of psychosis (Psychosis Value Set), schizophrenia (Schizophrenia Value Set) or bipolar disorder (Bipolar Disorder Value Set; Other Bipolar Disorder Value Set) on or between January 1 of the year prior to the measurement year and December 1 of the measurement year. |
| Numerator | Dispensed an ambulatory prescription for an antiemetic, antipsychotic, benzodiazepine or tricyclic antidepressant (Table DDE-B) or H2 receptor antagonist, nonbenzodiazepine hypnotic or anticholinergic agent (Table DDE-D) on or between the IESD and December 31 of the measurement year. |

### Table DDE-D: Potentially Harmful Drugs—Rate 2

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Description | Prescription | | | | |
| H2 receptor antagonists | * Cimetidine | * Famotidine | * Nizatidine | | * Ranitidine |
| Nonbenzodiazepine hypnotics | * Zolpidem |  |  | |  |
| Anticholinergic agents, antihistamines | * Carbinoxamine * Chlorpheniramine * Hydroxyzine products | * Loratadine * Brompheniramine * Clemastine * Cyproheptadine | | * Dimenhydrinate * Diphenhydramine * Meclizine | |
| Anticholinergic agents, antispasmodics | * Atropine products * Homatropine * Belladonna alkaloids | * Dicyclomine * Hyoscyamine products * Propantheline | | * Scopolamine | |
| Anticholinergic agents, antimuscarinics (oral) | * Darifenacin * Fesoterodine * Solifenacin | * Trospium * Flavoxate | | * Oxybutynin * Tolterodine | |
| Anticholinergic agents, anti-Parkinson agents | * Benztropine | * Trihexyphenidyl | |  | |
| Anticholinergic agents, skeletal muscle relaxants | * Tizanidine | * Carisoprodol | * Cyclobenzaprine | | * Orphenadrine |

**Note:** NCQA will post a comprehensive list of medications and NDC codes to www.ncqa.org by November 2, 2015.

*Rate 3:* Drug-Disease Interactions—Chronic Kidney Disease and Cox-2 Selective NSAIDs or Nonaspirin NSAIDs

|  |  |
| --- | --- |
| Additional eligible population criteria | Chronic kidney disease as identified by a diagnosis of ESRD (ESRD Value Set), stage 4 chronic kidney disease (CKD Stage 4 Value Set) or kidney transplant (Kidney Transplant Value Set) on or between January 1 of the year prior to the measurement year and December 1 of the measurement year. Identify the IESD for each member. |
| Numerator | Dispensed an ambulatory prescription for an NSAID or Cox-2 selective NSAID (Table DDE-E) on or between the IESD and December 31 of the measurement year. |

### Table DDE-E: Cox-2 Selective NSAIDs and Nonaspirin NSAIDs

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Description | Prescription | | | |
| Cox-2 Selective NSAIDs | * Celecoxib | | | |
| Nonaspirin NSAIDs | * Diclofenac potassium * Diclofenac sodium * Etodolac * Fenoprofen * Flurbiprofen | * Ibuprofen * Indomethacin * Ketoprofen * Ketorolac * Meclofenamate | * Mefenamic acid * Meloxicam * Nabumetone * Naproxen * Naproxen sodium | * Oxaprozin * Piroxicam * Sulindac * Tolmetin |

**Note:** NCQA will post a comprehensive list of medications and NDC codes to www.ncqa.org by November 2, 2015.

Data Elements for Reporting

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

### Table DDE-3: Data Elements for Potentially Harmful Drug-Disease Interactions in the Elderly

|  |  |
| --- | --- |
|  | Administrative |
| Measurement year | ✓ |
| Data collection methodology (Administrative) | ✓ |
| Eligible population | *For each of the 3 rates and total* |
| Number of required exclusions | *Rate 1, Rate 2 and total* |
| Numerator events by administrative data | *For each of the 3 rates and total* |
| Numerator events by supplemental data | *For each of the 3 rates and total* |
| Reported rate | *For each of the 3 rates and total* |
| Lower 95% confidence interval | *For each of the 3 rates and total* |
| Upper 95% confidence interval | *For each of the 3 rates and total* |

## Use of High-Risk Medications in the Elderly (DAE)

Summary of Changes to HEDIS 2016

* Added “Numerator events by supplemental data” to the Data Elements for Reporting table to capture the number of members who met numerator criteria using supplemental data.

Description

* The percentage of Medicare members 66 years of age and older who received at least one high-risk medication.
* The percentage of Medicare members 66 years of age and older who received at least two different high-risk medications.

For both rates, a lower rate represents better performance.

Definitions

|  |  |
| --- | --- |
| Calculating days supply | Calculate the days supply during the measurement year for medication classes in Table DAE-B. The intent is to sum the days supply for all medications (listed in the “Prescription” column) within a medication class (listed in the “Description” column). For example, a 30-days supply prescription for zolpidem and a 30-days supply prescription for zaleplon are equal to a 60-days supply of a high-risk medication class.  Sum the days supply and subtract any days supply that extends beyond December 31 of the measurement year. For example, a prescription of a 90-days supply dispensed on December 1 of the measurement year counts as a 30-days supply.  For Numerator 2, if the total days supply for all medications in a medication class is >90 days, count as one high-risk medication. Assess each medication class separately.  **Note:** Medications dispensed in the year prior to the measurement year with a days supply that extends into the measurement year count toward the total days supply. |
| Calculating average daily dose | Calculate the average daily dose for medications in Table DAE-C. Multiply the quantity of pills dispensed by the dose of each pill and divide by the days supply. For example, a prescription for a 30-days supply of digoxin containing 15 pills, .250 mg each pill, has an average daily dose of 0.125 mg.  To calculate daily dose for elixirs and concentrates, multiply the volume dispensed by dose and divide by the days supply.  For Numerator 2, two prescriptions for the same medication that meets the average daily dose criteria count as one high-risk medication. Two prescriptions for different medications that meet the average daily dose criteria count as two high-risk medications.  Do not round when calculating average daily dose. |

Eligible Population

|  |  |
| --- | --- |
| Product line | Medicare. |
| Age | 66 years and older as of December 31 of the measurement year. |
| Continuous enrollment | The measurement year. |
| Allowable gap | No more than one gap in enrollment of up to 45 days during the measurement year. |
| Anchor date | Enrolled as of December 31 of the measurement year. |
| Benefits | Medical and pharmacy. |
| Event/ diagnosis | None. |

Administrative Specification

|  |  |
| --- | --- |
| Denominator | The eligible population. |
| Numerator 1 | Members who received at least one high-risk medication during the measurement year. |
| Numerator 2 | Members who received at least two different high-risk medications during the measurement year.  For both numerators, a high-risk medication is defined as any of the following:   * A dispensed prescription for a medication in Table DAE-A. * Dispensed prescriptions that meet the days supply criteria within a medication class in Table DAE-B. * A dispensed prescription that meets average daily dose criteria in Table  DAE-C.   **Note:** For medications in Table DAE-A and DAE-C, identify different drugs using the Drug ID field located in the NDC list on NCQA’s Web site ([www.ncqa.org](http://www.ncqa.org)), posted by November 2, 2015. |

### Table DAE-A: High-Risk Medications

| Description | Prescription | |
| --- | --- | --- |
| Anticholinergics (excludes TCAs), first-generation antihistamines | * Brompheniramine * Carbinoxamine * Chlorpheniramine * Clemastine * Cyproheptadine * Dexbrompheniramine | * Dexchlorpheniramine * Diphenhydramine (oral) * Doxylamine * Hydroxyzine * Promethazine * Triprolidine |
| Anticholinergics (excludes TCAs), anti-Parkinson agents | * Benztropine (oral) | * Trihexyphenidyl |
| Antithrombotics | * Dipyridamole, oral short-acting (does not apply to the extended-release combination with aspirin) | * Ticlopidine |
| Cardiovascular, alpha agonists, central | * Guanabenz * Guanfacine | * Methyldopa |
| Cardiovascular, other | * Disopyramide | * Nifedipine, immediate release |
| Central nervous system, tertiary TCAs | * Amitriptyline * Clomipramine | * Imipramine * Trimipramine |
| Central nervous system, barbiturates | * Amobarbital * Butabarbital * Butalbital * Mephobarbital | * Pentobarbital * Phenobarbital * Secobarbital |
| Central nervous system, vasodilators | * Ergot mesylates | * Isoxsuprine |
| Central nervous system, other | * Thioridazine * Chloral Hydrate | * Meprobamate |
| Endocrine system, estrogens with or without progestins; include only oral and topical patch products | * Conjugated estrogen * Esterified estrogen | * Estradiol * Estropipate |
| Endocrine system, sulfonylureas, long-duration | * Chlorpropamide | * Glyburide |
| Endocrine system, other | * Desiccated thyroid | * Megestrol |
| Gastrointestinal system, other | * Trimethobenzamide |  |
| Pain medications, skeletal muscle relaxants | * Carisoprodol * Chlorzoxazone * Cyclobenzaprine | * Metaxalone * Methocarbamol * Orphenadrine |
| Pain medications, other | * Indomethacin * Ketorolac, includes parenteral | * Meperidine * Pentazocine |

**Note:** NCQA will post a comprehensive list of medications and NDC codes to www.ncqa.org by November 2, 2015. Combination drugs will be added to Table DAE-A with the release of the NDC list.

### Table DAE-B: High-Risk Medications With Days Supply Criteria

| Description | Prescription | | Days Supply Criteria |
| --- | --- | --- | --- |
| Anti-infectives, other | * Nitrofurantoin * Nitrofurantoin macrocrystals | * Nitrofurantoin macrocrystals-monohydrate | >90 days |
| Nonbenzodiazepine hypnotics | * Eszopiclone * Zaleplon | * Zolpidem | >90 days |

**Note:** NCQA will post a comprehensive list of medications and NDC codes to www.ncqa.org by November 2, 2015.

### Table DAE-C: High-Risk Medications With Average Daily Dose Criteria

| Description | Prescription | Average Daily Dose Criteria |
| --- | --- | --- |
| Alpha agonists, central | * Reserpine | >0.1 mg/day |
| Cardiovascular, other | * Digoxin | >0.125 mg/day |
| Tertiary TCAs (as single agent or as part of combination products) | * Doxepin | >6 mg/day |

**Note:** NCQA will post a comprehensive list of medications and NDC codes to www.ncqa.org   
by November 2, 2015.

Data Elements for Reporting

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

### Table DAE-3: Data Elements for Use of High-Risk Medications in the Elderly

|  |  |
| --- | --- |
|  | Administrative |
| Measurement year | ✓ |
| Data collection method (Administrative) | ✓ |
| Eligible population | ✓ |
| Numerator events by administrative data | *For each of the 2 rates* |
| Numerator events by supplemental data | *For each of the 2 rates* |
| Reported rate | *For each of the 2 rates* |
| Lower 95% confidence interval | *For each of the 2 rates* |
| Upper 95% confidence interval | *For each of the 2 rates* |