## 2020 Quality Measures Tip Sheet

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<th>Line of Business / Provider Specialty</th>
<th>Required Documentation</th>
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| **Adolescent Well Care Visit**<br>Members age 12–20 years<br>Upgrades for HEDIS MY2020<br>Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life (W34) and Adolescent Well-Care Visits (AWC) measures have been combined into: Child and Adolescent Well-Care Visits (WCV) Member ages 3-21 years<br>WCV will be an Administrative Measure | Line of Business: EHP | One well child visit with a PCP or OB/GYN during the measurement year. All components of a well care visit must be included:  
- Physical Developmental History  
- Mental Developmental History  
- Physical Examination  
- Health Education/Anticipatory Guidance  
- Health History  
*JHHC Best Practice Tip: To meet administrative measure requirements, JHHC reminds all LOB well care visits can be performed in conjunction with sick visits when billed with appropriate codes and modifier. Priority Partners does not have frequency or date limit restrictions on well visits. Well visits can be done in conjunction with sick visits, as long as they are billed with the appropriate modifier, and can be performed anytime in the measurement/calendar year. |
| **Adult BMI Assessment**<br>Members age 18–74 years<br>Lines of Business: EHP Priority Partners/VBP USFHP | Provider Specialty: No provider requirements specified. | Visits in measurement year or year prior count. Includes members 18 years old in the year prior to measurement year.  
Documentation in the medical record must indicate the weight and BMI value dated during the measurement year or year prior to the measurement year. Weight and BMI must be from the same data source.  
For members 18 and 19 years of age, it is required that the height, weight and BMI percentile be documented from the same data source. Some examples include:  
- BMI percentile documented as a value (e.g., 85th percentile)  
- BMI percentile plotted on an age-growth chart  
*JHHC Best Practice Tip: Measure will retire for all LOB 2020, LOB should continue to collect data for members. |
| **Asthma Medication Ratio**<br>Members age 5–64 years<br>Administrative<br>Lines of Business: EHP Priority Partners/VBP USFHP<br>Provider Specialty: No provider requirements specified. | | The percentage of members who were identified as having persistent asthma and had a ratio of controller medications to total asthma medications of 0.50 or greater during the measurement year.  
For calculations see the CMS website.  
Exclude members who met any of the following criteria:  
Members who had any of the following diagnoses from any time during the member’s history through December 31 of the measurement year:  
- Emphysema  
- COPD  
- Obstructive Chronic Bronchitis  
- Chronic Respiratory Conditions due to fumes/vapors  
- Cystic Fibrosis  
- Acute Respiratory Failure  
OR  
Members who had no asthma medications dispensed during the measurement year. |
| **Breast Cancer Screening**<br>Members age 52–74 years<br>(Age 52 years of age during measurement year.)<br>Administrative<br>Lines of Business: EHP Priority Partners/VBP USFHP | Provider Specialty: No provider requirements specified. | The percentage of women who had a mammogram on or between October 1 two years prior to the measurement year and December 31 of the measurement year. Screening, diagnostic, film, or digital breast tomosynthesis qualify for numerator compliance. MRIs, ultrasounds or biopsies do not count.  
Results can still be submitted for medical record review throughout year, but cannot be performed during HEDIS annual audit.  
Exclusions: Members with diagnosis of pregnancy during the measurement year or year prior. |
| **Cervical Cancer Screening**<br>Women age 21–64 years<br>(two-year look-back includes Pap given at age 21) | Lines of Business: Advantage MD EHP Priority Partners/VBP USFHP<br>Provider Specialty: No provider requirements specified. | The percentage of women 21–64 years of age who were screened for cervical cancer using either of the following criteria:  
- Women age 21–64 who had cervical cytology performed within the last 3 years  
- Women 30–64 years of age who had cervical high-risk human papillomavirus (hrHPV) testing performed within the last five years.  
Women 30–64 years of age who had cervical cytology/high-risk human papillomavirus (hrHPV) testing within the last 5 years. (Look back requires age 30 or older on test date). All require date of test and result.  
*JHHC Best Practice Tip: To meet administrative measure requirements, JHHC reminds all LOB well care visits can be performed in conjunction with sick visits when billed with appropriate codes and modifier. Priority Partners does not have frequency or date limit restrictions on well visits. Well visits can be done in conjunction with sick visits, as long as they are billed with the appropriate modifier, and can be performed anytime in the measurement/calendar year.  
*JHHC Best Practice Tip: Measure will retire for all LOB 2020, LOB should continue to collect data for members. |
| **Childhood Immunizations**<br>Immunizations must occur on or before child’s 2nd birthday<br>Lines of Business: Combo 10 EHP Priority Partners USFHP<br>Provider Specialty: No provider requirements specified. | | Complete immunizations on or before child’s 2nd birthday:  
**Combo 3**  
- 4 doses – DTaP (Do not count a vaccination administered prior to 42 days after birth)  
- 3 doses – IPV (Do not count a vaccination administered prior to 42 days after birth)  
- 3 doses – Hep B (One can be within two days of birth and ends 7 days)  
- 5 doses – Hib (Do not count a vaccination administered prior to 42 days after birth)  
- 4 doses – PCV (Do not count a vaccination administered prior to 42 days after birth)  
- 1 dose – MMR (On or before child’s 1st and 2nd birthday)  
- 1 dose – VZV (On or before child’s 1st and 2nd birthday)  
**Combo 10** (includes all Combo 3 immunizations above plus the following)  
- 1 dose – Hep A (On or before child’s 1st and 2nd birthday)  
- 2 doses – Rotavirus Monovalent (Rotaxis - RV1 (Do not count a vaccination administered prior to 42 days after birth) OR  
- 3 doses – Rotavirus Pentavalent (Rotaxet - TV) (Do not count a vaccination administered prior to 42 days after birth)  
- 2 doses – Influenza (Do not count a vaccination administered prior to 6 months (180 days) after birth)  
Document all seropositive and illness history of chicken pox, hepatitis, measles, mumps, and rubella. For documented history of illness or a seropositive test result, there must be a note indicating the date if events, which must have occurred by the member’s 2nd birthday.  
Document the first Hep B vaccine given at the hospital or at birth when applicable, or – if unattainable – name of hospital where child was born. History of VZV on or before child’s 2nd birthday. History of MMR on or before child’s 2nd birthday.  
**PLEASE DOCUMENT ANY PARENT REFUSAL FOR IMMUNIZATIONS, AS WELL AS ANAPHYLACTIC REACTIONS.** |
Chlamydia Screening  
Women age 16–24 years  
Administrative  
Exclusions: Members who had a pregnancy test during the measurement year followed within seven days (inclusive) by either a prescription for norethindrone (Accutrate) or a test. Pregnancy test alone does not apply.

Colorectal Cancer Screening  
Members age 50–75 years  
Exclusions: One or more appropriate screenings for colorectal cancer.  
Appropriate screenings are defined by one of the following:  
- FOBT during the measurement year  
- Flexible sigmoidoscopy during the measurement year or the four years prior to the measurement year  
- Colonoscopy during the measurement year or the ten years prior to the measurement year  
- CT colonography (virtual colonoscopy) during the measurement year or the 4 years prior to the measurement year  
- FIT-DNA during the measurement year or the 2 years prior to the measurement year  
Exclusions: Members with a diagnosis of colorectal cancer or total colostomy.

Controlling High BP  
Members age 18–85 years  
Exclusions: • Do not include BP readings:  
- If there are multiple BPs on the same date, or are noted in the chart on the same date, use the lowest systolic and lowest diastolic BP reading. If no BP is recorded during the measurement year, assume that the member is not controlled,  
- Update MY2020: BP Readings. For Advantage MD members a result < 9.0 is acceptable. At a minimum, documentation in the medical record must include a representative BP (<140/90 mm HG) during the measurement year.

Diabetic Eye Exam  
Members age 18–75 years with diabetes  
Exclusions:  
- A retinal or dilated eye exam by an eye care professional (optometrist or ophthalmologist) in the measurement year.  
- A negative retinal or dilated eye exam (negative for retinopathy) by an eye care professional in the year prior to the measurement year.  
- Bilateral eye enucleation any time during the member’s history through December 31 of the measurement year.

Diabetic HbA1c Test with Controlled Result  
Members age 18–75 years with diabetes  
Exclusions: The member is only compliant if the most recent HbA1c result is ≤ 8.0 for EHP, Priority Partners/VBP and USFHP.  
*For Advantage MD members a result < 9.0 is acceptable. At a minimum, documentation in the medical record must include a note indicating the date when the HbA1c test was performed and the result.

Diabetic Nephropathy Monitoring  
Members age 18–75 years with diabetes  
Exclusions:  
- A nephropathy screening or monitoring test or evidence of nephropathy, as documented through administrative data or medical record review. This includes diabetics who had one of the following:  
  - A retinal or dilated eye exam by an eye care professional (optometrist or ophthalmologist) in the measurement year.  
  - A negative retinal or dilated eye exam (negative for retinopathy) by an eye care professional in the year prior to the measurement year.  
  - Bilateral eye enucleation any time during the member’s history through December 31 of the measurement year.

Disabled (SSI) Adults  
Members age 21–64 years and older who have been enrolled for 320 days or more  
Administrative  
Exclusions: Measure does not include mental health or chemical dependency services.
2020 Quality Measures Tip Sheet (continued)

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<tr>
<td>Disabled (SSI) Children</td>
<td>Lines of Business: VBP; Provider Specialty: No provider requirements specified</td>
<td>Children who have had at least one ambulatory care visit in an office or any PCP outpatient visit. Preventive well visits preferred. • Documentation via claims • This is a Maryland Department of Health (MDH) custom measure and reporting is captured by billing and encounter codes only Preferred Codes: Preventive medicine CPT codes Exclusions: Measure does not include mental health or chemical dependency services.</td>
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<td>Follow-Up After Hospitalization for Mental Illness</td>
<td>Lines of Business: Advantage MD EAP *USFHP; Provider Specialty: Mental Health Practitioner</td>
<td>The percent of discharges for members age 6 and older who were hospitalized for treatment of selected mental illness diagnoses and who had a follow-up visit with a mental health practitioner within 7 days of discharge.</td>
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<td>Immunizations for Adolescents</td>
<td>Lines of Business: Combo 1 &amp; 2; Provider Specialty: No provider requirements specified.</td>
<td>Complete Immunizations: Combo 1 • 1 dose – Meningococcal conjugate or meningococcal polysaccharide vaccine on or between the member’s 11th and 13th birthdays • 1 dose – Tetanus, diphtheria toxoids vaccine, and acellular pertussis vaccine (Tdap) on or between the member’s 10th and 13th birthdays Combo 2 (includes above combo 1 immunizations plus the following): • 3 doses HPV (human papilloma virus) vaccine with different dates of service between the members 9th and 13th birthdays Document a note indicating the name of the specific antigen and the date of the immunization. OR Document a certificate of immunization prepared by an authorized health care provider or agency, including the specific dates and types of immunizations administered. PLEASE DOCUMENT ANY PARENT REFUSAL FOR IMMUNIZATIONS, AS WELL AS ANAPHYLACTIC REACTIONS.</td>
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<td>Lead Screening</td>
<td>Lines of Business: VBP; Provider Specialty: No provider requirements specified</td>
<td>For all children turning 1 year old in 2020 (born in 2019), a lead blood test must be completed between 1/1/2019 and 12/31/2020. Please test all children in the appropriate age range regardless of their living environment. CPT: 83655 MDH only reports lead tests that have been submitted with the above CPT code.</td>
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<td>Medication Adherence for Cholesterol (Statin)</td>
<td>Lines of Business: Advantage MD; Provider Specialty: No provider requirements specified.</td>
<td>The percent of plan members with a prescription for a cholesterol medication (a statin drug) who fill their prescription often enough to cover 80% or more of the time they are supposed to be taking the medication. Data for this measure is based on pharmacy claim data and comes from the Prescription Drug Event data files (PDE) submitted by drug plans to Medicare.</td>
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<tr>
<td>Medication Adherence for Diabetes Medications</td>
<td>Lines of Business: Advantage MD; Provider Specialty: No provider requirements specified.</td>
<td>The percent of plan members with a prescription for diabetes medication who fill their prescription often enough to cover 80% or more of the time they are supposed to be taking the medication. The percent of Medicare Part D beneficiaries 18 years and older who adhere to their prescribed drug therapy across classes of diabetes medications: • Biguanides • Sulfonylureas • Thiazolidinediones • Dipeptidyl Peptidase (DPP)-IV Inhibitors • Incretin mimetics • Meglitinides • Sodium glucose cotransporter 2 (SGLT) inhibitors Data for this measure is based on pharmacy claim data and comes from the Prescription Drug Event data files (PDE) submitted by drug plans to Medicare.</td>
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<tr>
<td>Medication Adherence for Hypertension</td>
<td>Lines of Business: Advantage MD; Provider Specialty: No provider requirements specified.</td>
<td>The percent of plan members with a prescription for a blood pressure medication who fill their prescription often enough to cover 80% or more of the time they are supposed to be taking the medication. The percent of Medicare Part D beneficiaries 18 years and older who adhere to their prescribed drug therapy for hypertension: • Renin angiotensin system (RAS) antagonists &gt; Angiotensin converting enzyme inhibitor (ACEI) &gt; Angiotensin receptor blocker (ARB) &gt; Direct renin inhibitor medications Data for this measure is based on pharmacy claim data and comes from the Prescription Drug Event data files (PDE) submitted by drug plans to Medicare.</td>
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<td>Osteoporosis Management in Women Who Had a Fracture</td>
<td>Lines of Business: Advantage MD; Provider Specialty: No provider requirements specified.</td>
<td>Members age 67 – 85 who suffered a fracture and who had either a bone mineral density (BMD) test or prescription for a drug to treat osteoporosis in six months after the fracture. Fractures of finger, toe, face and skull are not included in this measure. A 12-month (1 year) 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 is used to capture the first fracture. Index Episo Date Start Date (IDES): The earliest date of service for any encounter during the intake period with a diagnosis of fracture. For an outpatient, observation, or ED visit, the IDES is date of service. For an inpatient encounter, the IDES is the date of discharge. For direct transfers, the IDES is the discharge date from the last admission. Appropriate testing or treatment for osteoporosis after the fracture defined by any of the following criteria: • A BMD test on the IDES or in the 180-day (6-month) period after the IDES • A BMD test during the inpatient stay for the fracture (applies only to fractures requiring hospitalization) • Osteoporosis therapy on the IDES or in the 180-day (6-month) period after the IDES • A dispensed prescription to treat osteoporosis on the IDES or in the 180-day (6-month) period after the IDES Exclusions: Exclude members who met any of the following criteria: • Members who had a BMD test during the 730 days (24 months) prior to the IDES • Members who had a claim/encounter for osteoporosis therapy during the 365 days (12 months) prior to the IDES • Members who received a dispensed prescription or had an active prescription to treat osteoporosis during the 365 days (12 months) prior to the IDES.</td>
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Required Documentation

Resumption of physical activity and attainment of healthy weight. Do not count visits that occur on the date of delivery.

Auranofin

Complete obstetrical history.

Infant care or breastfeeding.

Cyclophosphamide

Hydroxychloroquine

Sleep/fatigue.

Tofacitinib

Azathioprine

Prescription

Minocycline

Adolescents (WCC)

Nutrition and Physical Activity for Children/Weight Assessment and Counseling for Members 18 years of age and older

Transitions of Care (TRC)

Administrative

Statin Use in Persons with Diabetes (SUPD)

Administrative

Statin Therapy for Patients with Cardiovascular Disease

Administrative

Rheumatoid Arthritis Management

Children 18 years and older as of December 31 of the measurement year

Administrative

Quality Measure | Line of Business / Provider Specialty | Required Documentation
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Prenatal and Postpartum Care | Lines of Business: EHP Priority Partners USFHP Provider Specialty: OB/GYN Prenatal Care Practitioner FCPI | Documentation of a prenatal visit that occurs in the first trimester, on or before the enrollment start date or within 42 days of enrollment in the organization. Components of a prenatal exam visit note must include a visit date and one of the following:
- A diagnosis of pregnancy
- A basic physical obstetrical exam
- Evidence that a prenatal care procedure was performed
- Documentation of LMP, EDD or gestational age in conjunction with either of the following:
  - Prenatal risk assessment and counseling/education.
  - Complete obstetrical history.
- Documentation of a postpartum visit that occurs on or between 7–84 days after delivery. Components of a postpartum exam visit note must include a visit date and one of the following:
  - Pelvic exam.
  - Evaluation of weight, BP, breasts and abdomen.
  - Notation of “breastfeeding” is acceptable for the “evaluation of breasts” component.
  - Notation of postpartum care, including, but not limited to:
    - Notation of “postpartum care,” “PP care,” “PP check,” “6-week check.” A preprinted “Postpartum Care” form in which information was documented during the visit.
    - Perinatal or cesarean incision/wound check.
    - Screening for depression, anxiety, tobacco use, substance use disorder, or preexisting mental health disorders.
    - Glucose screening for women with gestational diabetes.
    - Documentation of any of the following topics:
      - Infant care or breastfeeding.
      - Resolution of intercourse, birth spacing or family planning.
      - Sleep/lactation.
      - Resolution of physical activity and attainment of healthy weight. Do not count visits that occur on the date of delivery.

Rheumatoid Arthritis Management | Lines of Business: Advantage MD Provider Specialty: No provider requirements specified. | The percentage of members who were diagnosed with rheumatoid arthritis and who were dispensed at least one ambulatory prescription for a disease-modifying anti-rheumatic drug (DMARD).
Measure inclusion criteria:
- Two of the following with different dates of service on or between January 1 and November 30 of the measurement year.
  - Outpatient visit, with any diagnosis of rheumatoid arthritis
  - Non-acute inpatient discharge, with any diagnosis of rheumatoid arthritis
Compliance criteria:
- Members who had at least one ambulatory prescription dispensed for a DMARD during the measurement year. There are two ways to identify members who received a DMARD:
  - Claim/encounter data; a DMARD prescription during the measurement year
  - Pharmacy data; members who were dispensed a DMARD during the measurement year on an ambulatory basis
Exclusions:
- A diagnosis of HIV any time during the member's history through December 31 of the measurement year
- A diagnosis of pregnancy any time during the measurement year
Disease-Modifying Anti-Rheumatic Drugs (DMARD):

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<tr>
<td>S-Amino acids</td>
<td>Sulphasalazine</td>
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<tr>
<td>Aiklaining agents</td>
<td>Ciclosporinamide</td>
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<tr>
<td>Anti-rheumatics</td>
<td>Azathioprine</td>
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<td>Immunosuppressors</td>
<td>Adalimumab</td>
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<td>Azathioprine</td>
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<td>Immunosuppressors</td>
<td>Cyclosporine</td>
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<td>Immunosuppressors</td>
<td>Mycofenolate</td>
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Statin Therapy for Patients with Cardiovascular Disease | Lines of Business: Advantage MD *EHP *Priority Partners *USFHP Provider Specialty: No provider requirements specified. | The percentage of males 21-75 years of age and females 40-75 years of age during the measurement year, who were identified as having clinical atherosclerotic cardiovascular disease (ASCVD) (denominator) and were dispensed at least one high or moderate-intensity statin medication during the measurement year (numerator).

Statin Use in Persons with Diabetes (SUPD) | Lines of Business: Advantage MD Provider Specialty: No provider requirements specified. | This measure is defined as the percentage of Medicare Part D beneficiaries 40-75 years old dispensed at least two diabetes medication fills who received a statin medication fill during the measurement period. Numerator = Number of member-years of enrolled beneficiaries in the denominator who received a statin medication fill during the measurement period. Denominator = Number of member-years of enrolled beneficiaries 40-75 years old with at least two diabetes medication fills during the measurement period.

Transitions of Care (TRC) | Lines of Business: PCP Provider Specialty: PCP | Notification of Inpatient Admission. Documentation of receipt of notification of inpatient admission on the day of admission through two days after the admission (3 total days).
Receipt of Discharge Information. Documentation of receipt of discharge information on the day of discharge through two days after the discharge (3 total days).
Patient Engagement After Inpatient Discharge. Documentation of patient engagement (e.g., office visits, visits to the home, telephone) provided within 30 days after discharge.
Medication Reconciliation Post-Discharge. Documentation of medication reconciliation on the day of discharge through 30 days after discharge (31 days total).

Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC) | Lines of Business: EHP *Priority Partners USFHP Provider Specialty: PCP OB/GYN | Documentation of an outpatient visit, with evidence of the following, during the measurement year:
- BMI percentile
- BMI percentile plotted on age-growth chart
- Counseling for physical activity
- Counseling for nutrition
Update MY2020 | Services rendered during a telephone visit, e-visit or virtual check-in must criteria for the Counseling for physical activity or Counseling for nutrition
Exclusions: Members with diagnosis of pregnancy during the measurement year. A BMI value is not acceptable for this age range.
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| Well Child Visit | Priority Partners/VBP PCP | The percentage of members who turned 15 months old during the measurement year and who had the following number of well-child visits with a PCP during their first 15 months of life:  
• No well-child visits.  
• One well-child visit.  
• Two well-child visits.  
• Three well-child visits.  
• Four well-child visits.  
• Five well-child visits.  
• Six or more well-child visits.  
All components of well-child visit must be included:  
• Physical developmental history  
• Mental developmental history  
• Physical Examination  
• Health Education/Anticipatory Guidance  
• Health History  
The well-child visit must occur with a PCP, but the PCP does not have to be the practitioner assigned to the child. |
| Well-Child Visits in the First 15 Months of Life (W15) | Priority Partners/VBP PCP | Updates for HEDIS MY2020:  
The percentage of members who had the following number of well-child visits with a PCP during the last 15 months.  
The following rates are reported:  
1. Well-Child Visits in the First 15 Months. Children who turned 15 months old during the measurement year: Six or more well-child visits.  
2. Well-Child Visits for Age 15 Months–30 Months. Children who turned 30 months old during the measurement year: Two or more well-child visits.  
| Well-Child Visits in the First 30 Months of Life (W30) | Priority Partners/VBP PCP | Updates for HEDIS MY2020:  
The percentage of members who turned 30 months old during the measurement year and who had the following number of well-child visits with a PCP during their first 30 months of life:  
• No well-child visits.  
• One well-child visit.  
• Two well-child visits.  
• Three well-child visits.  
• Four well-child visits.  
• Five well-child visits.  
• Six or more well-child visits.  
All components of well-child visit must be included:  
• Physical developmental history  
• Mental developmental history  
• Physical Examination  
• Health Education/Anticipatory Guidance  
• Health History  
The well-child visit must occur with a PCP, but the PCP does not have to be the practitioner assigned to the child. |

Please distribute to billing and office personnel as appropriate.
Contact your Network Manager at 888-895-4998 with any questions.

(*)Compliance for some measures includes billing with the appropriate CPT and/or ICD Diagnosis Code.
Coding is in accordance with HEDIS® 2020 Guidelines & Specifications.
Please use most recent CPT or ICD codes.

Measure / elements are included on Tip Sheet which are critical for population health management and may not be currently included in quality programs for the referenced line of business. JHHC encourages Referenced Line of Business to review their processes to align with defined best practice.

SEND EXCLUSION DOCUMENTATION TO JHHC QI VIA CONFIDENTIAL FAX TO: 410-762-5941

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