

October 1, 2019

Dear Colleague:

NCQA is pleased to present the HEDIS^{®1} 2020 *Volume 2: Technical Update*. With this release, NCQA freezes the technical specifications for Volume 2, with the exception of measures that require pharmacy data and the Risk Adjusted Utilization measures.

Measures that require pharmacy data and the Risk Adjusted Utilization measures will be final when the Medication List Directory of National Drug Codes (NDC) and the risk-adjustment tables are posted on November 1, 2019.

This memo contains the following information:

- Random Number (RAND) table for HEDIS 2020.
- Corrections, policy changes and clarifications to HEDIS 2020 *Volume 2: Technical Specifications*.

Obtaining the updated ECDS digital measures. The following ECDS digital measures have been updated and if previously purchased, must be downloaded again from My.NCQA. These measures contain a minor update to the denominator logic in the machine-readable files (XML, CQL, JSON). The human-readable file did not change for these measures:

- Prenatal Immunization Status (PRS).
- Prenatal Depression Screening and Follow-Up (PND).
- Postpartum Depression Screening and Follow-Up (PDS).

The Follow-Up Care for Children Prescribed ADHD Medication (ADD-E) measure has been updated and if previously purchased, must be downloaded again from My.NCQA. This measure was also updated to use Quality Data Model v5.5 (released August 2019). Find QDM 5.5 here: <https://ecqi.healthit.gov/sites/default/files/QDM-v5-5-errata-August2019-508.pdf>.

To access these updated measures, go to “My Downloads” at <https://my.ncqa.org/Downloads>. Navigate to the **ECommerce** folder and **HEDIS** subfolder, locate the product labeled *HEDIS 2020 Digital Measures Bundle for ECDS Reporting* and click the **Download** button.

Obtaining the Medication List Directory (MLD). Changes to medications are included in the MLD which will be available for download on November 1. The MLD is available for free order in the NCQA Store at <http://store.ncqa.org/index.php/catalog/product/view/id/3741/s/hedis-2020-ndc>.

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Obtaining the updated Value Set Directory (VSD). Go to “My Downloads” at <https://my.ncqa.org/Downloads> and download the VSD again to obtain the October 1 version, which contains all coding changes. The NCQA Download Center does not list the VSD as “October 1 version” (in the Item Name column), but the updated version date will display in the filename once the file has been downloaded. Refer to the Summary of Changes spreadsheets in the VSD to identify codes and value sets that were added, deleted or revised.

Review all items in the table and attachments and incorporate them into your implementation processes. The changes in this document are required for HEDIS 2020 reporting.

If you have questions about information included in the *Technical Update* or about other measure specifications, contact us through our Policy Clarification Support (PCS) system via My.NCQA at <https://my.ncqa.org>. We wish everyone a successful HEDIS data collection season!

Sincerely,

Cindy Ottone, MHA
Director, Policy-Measures

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RAND Table for Measures Using the Hybrid Method

Measure	RAND
Adult BMI Assessment	.86
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents	.78
Childhood Immunization Status <i>and</i> Lead Screening in Children	.82*
Immunizations for Adolescents	.87
Cervical Cancer Screening	.58
Colorectal Cancer Screening	.26
Care for Older Adults	.21
Controlling High Blood Pressure	.12
Comprehensive Diabetes Care	.59
Medication Reconciliation Post-Discharge <i>and</i> Transitions of Care	.39*
Prenatal and Postpartum Care	.19
Well-Child Visits in the First 15 Months of Life (Medicaid only)	.70
Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life (Medicaid only)	.83
Adolescent Well-Care Visits (Medicaid only)	.77

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

Specification Updates

This document contains corrections, policy changes and clarifications to HEDIS 2020 *Volume 2, Technical Specifications*. NCQA has identified the appropriate page number, measure/guideline and head/subtitle for each item. The document is split in two sections: **Single Line-Item Changes** and **Changes That Affect Multiple Measures**.

Single Line-Item Changes

Page	Measure/Guideline	Head/Subtitle	Update
3	What's New in Volume 2?	HEDIS 2019 first-year measure evaluation	Replace the text in this section with the following text: The following HEDIS 2019 <i>first-year measure</i> will be publicly reported for HEDIS 2020: <ul style="list-style-type: none"> • Risk of Continued Opioid Use.
37	General Guideline 38	Identifying Events/Diagnoses Using Laboratory or Pharmacy Data	Replace the third sentence of the first paragraph with the following text: Use laboratory claims and data only for the <u>Pregnancy Tests Value Set</u> and the <u>Sexual Activity Value Set</u> (which do not contain LOINC codes) and value sets that contain LOINC codes.
83	Childhood Immunization Status	Administrative Specification—Numerators, MMR	Replace the second bullet with the following text (do not delete the dashed sub-bullets below the second bullet): <ul style="list-style-type: none"> • At least one measles and rubella vaccination (<u>Measles Rubella Immunization Value Set</u>; <u>Measles Rubella Vaccine Procedure Value Set</u>) on or between the child's first and second birthdays and one of the following:
135	Use of Spirometry Testing in the Assessment and Diagnosis of COPD	Event/diagnosis—Step 2	Under the first bullet, replace the dashed sub-bullet with the following: <ul style="list-style-type: none"> – Do not include outpatient, ED or observation visits that result in an acute inpatient stay. To identify acute inpatient discharges: <ol style="list-style-type: none"> 1. Identify all acute and nonacute inpatient stays (<u>Inpatient Stay Value Set</u>). 2. Exclude nonacute inpatient stays (<u>Nonacute Inpatient Stay Value Set</u>). 3. Identify the admission date and the discharge date.
175	Statin Therapy for Patients With Cardiovascular Disease	Event/diagnosis—Step 1	Under <i>Diagnosis</i> , replace the first sentence of the fifth bullet with the following text: <ul style="list-style-type: none"> • At least one acute inpatient discharge with an IVD diagnosis (<u>IVD Value Set</u>) on the discharge claim.

Page	Measure/Guideline	Head/Subtitle	Update				
188	Comprehensive Diabetes Care	Administrative Specification— Numerators, HbA1c Poor Control >9%	<p>Add the following rows to the table:</p> <table border="1"> <tr> <td>HbA1c Level Greater Than or Equal To 7.0 and Less Than 8.0 Value Set</td> <td>Not compliant</td> </tr> <tr> <td>HbA1c Level Greater Than or Equal To 8.0 and Less Than or Equal To 9.0 Value Set</td> <td>Not compliant</td> </tr> </table>	HbA1c Level Greater Than or Equal To 7.0 and Less Than 8.0 Value Set	Not compliant	HbA1c Level Greater Than or Equal To 8.0 and Less Than or Equal To 9.0 Value Set	Not compliant
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HbA1c Level Greater Than or Equal To 8.0 and Less Than or Equal To 9.0 Value Set	Not compliant						
188	Comprehensive Diabetes Care	Administrative Specification— Numerators, HbA1c Control <8%	<p>Add the following rows to the table:</p> <table border="1"> <tr> <td>HbA1c Level Greater Than or Equal To 7.0 and Less Than 8.0 Value Set</td> <td>Compliant</td> </tr> <tr> <td>HbA1c Level Greater Than or Equal To 8.0 and Less Than or Equal To 9.0 Value Set</td> <td>Not compliant</td> </tr> </table>	HbA1c Level Greater Than or Equal To 7.0 and Less Than 8.0 Value Set	Compliant	HbA1c Level Greater Than or Equal To 8.0 and Less Than or Equal To 9.0 Value Set	Not compliant
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HbA1c Level Greater Than or Equal To 8.0 and Less Than or Equal To 9.0 Value Set	Not compliant						
189	Comprehensive Diabetes Care	Administrative Specification— Numerators, HbA1c Control <7% for a Selected Population	<p>Add the following rows to the table:</p> <table border="1"> <tr> <td>HbA1c Level Greater Than or Equal To 7.0 and Less Than 8.0 Value Set</td> <td>Not compliant</td> </tr> <tr> <td>HbA1c Level Greater Than or Equal To 8.0 and Less Than or Equal To 9.0 Value Set</td> <td>Not compliant</td> </tr> </table>	HbA1c Level Greater Than or Equal To 7.0 and Less Than 8.0 Value Set	Not compliant	HbA1c Level Greater Than or Equal To 8.0 and Less Than or Equal To 9.0 Value Set	Not compliant
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HbA1c Level Greater Than or Equal To 8.0 and Less Than or Equal To 9.0 Value Set	Not compliant						
245	Follow-Up After Hospitalization for Mental Illness	Note	<p>Replace the second and third bullets with the following text:</p> <ul style="list-style-type: none"> • The <u>Mental Health Practitioner Value Set</u> contains provider taxonomy codes and is included for organizations that report the measure using clinical data. If an organization does not use the codes in the <u>Mental Health Practitioner Value Set</u>, it must map providers to a code in the value set for reporting. Only providers who meet the definition of “mental health practitioner” (Appendix 3) are eligible to be mapped. Mapping is subject to review by the HEDIS auditor. • Because provider taxonomy codes are not found in claims data, organizations must develop their own methods to identify mental health practitioners in claims data. Methods are subject to review by the HEDIS auditor. Refer to Appendix 3 for the definition of “mental health practitioner.” 				
257	Follow-Up After High-Intensity Care for Substance Use Disorder	Data Elements for Reporting— Table FUI-1/2/3: Data Elements for Follow-Up After High Intensity Care for Substance Use Disorder	<p>Remove the following row:</p> <table border="1"> <tr> <td>Number of required exclusions</td> <td>Each rate, for each age stratification and total</td> </tr> </table>	Number of required exclusions	Each rate, for each age stratification and total		
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Page	Measure/Guideline	Head/Subtitle	Update		
267	Pharmacotherapy for Opioid Use Disorder	Data Elements for Reporting	Replace the table name with the following text: Table POD-1/2/3: Data Elements for Pharmacotherapy for Opioid Use Disorder		
267	Pharmacotherapy for Opioid Use Disorder	Data Elements for Reporting— Table OHD-1/2/3: Data Elements for Pharmacotherapy for Opioid Use Disorder	Remove the following row: <table border="1" style="margin-left: 20px;"> <tr> <td style="padding: 5px;">Number of required exclusions</td> <td style="padding: 5px;">For each age stratification and total</td> </tr> </table>	Number of required exclusions	For each age stratification and total
Number of required exclusions	For each age stratification and total				
310	Transitions of Care	Hybrid Specification— Numerators, Medication Reconciliation Post-Discharge, Medical Record	Add the following sentence to the end of the fifth bullet: Evidence that the member was seen for post-discharge hospital follow-up requires documentation that indicates the provider was aware of the member’s hospitalization or discharge.		
353	Use of High-Risk Medications in Older Adults	Administrative Specification— Numerator, High-risk medications	Replace the second paragraph with the following text: Use the medication lists to determine if drugs are the same or different. Drugs in different medication lists are considered different drugs. For example, a dispensing event from the <u>Brompheniramine Codeine Medications List</u> is considered a different drug than a dispensing event from the <u>Carbinoxamine Medications List</u> .		
353	Use of High-Risk Medications in Older Adults	High-Risk Medications table	In the row with Description <i>Anticholinergics, first-generation antihistamines</i> and Prescription <i>Chlorpheniramine</i> , delete all medication list references from the Medication Lists column except for the <u>Chlorpheniramine Medications List</u> .		
354	Use of High-Risk Medications in Older Adults	High-Risk Medications table	In the row with Description <i>Anticholinergics, first-generation antihistamines</i> and Prescription <i>Promethazine</i> , delete all medication list references from the Medication Lists column except for the <u>Promethazine Medications List</u> .		
354	Use of High-Risk Medications in Older Adults	High-Risk Medications table	In the row with Description <i>Antispasmodics</i> and Prescription <i>Atropine (exclude ophthalmic)</i> , delete all medication list references from the Medication Lists column except for the <u>Atropine Medications List</u> .		
354	Use of High-Risk Medications in Older Adults	High-Risk Medications table	In the row with Description <i>Antispasmodics</i> and Prescription <i>Hyoscyamine</i> , delete all medication list references from the Medication Lists column except for the <u>Hyoscyamine Medications List</u> .		
354	Use of High-Risk Medications in Older Adults	High-Risk Medications table	In the row with Description <i>Antispasmodics</i> and Prescription <i>Scopolamine</i> , delete all medication list references from the Medication Lists column except for the <u>Scopolamine Medications List</u> .		
355	Use of High-Risk Medications in Older Adults	High-Risk Medications table	In the row with Description <i>Central nervous system, barbiturates</i> and Prescription <i>Phenobarbital</i> , delete all medication list references from the Medication Lists column except for the <u>Phenobarbital Medications List</u> .		

Page	Measure/Guideline	Head/Subtitle	Update
357	Use of High-Risk Medications in Older Adults	High-Risk Medications table	In the row with Description <i>Pain medications, other</i> and Prescription <i>Meperidine</i> , delete all medication list references from the Medication Lists column and replace with <u>Meperidine Combinations Medications List</u> .
409	Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment	Administrative Specification—Numerator, Initiation of AOD Treatment	In the first paragraph after the bullet at the top of the page, replace the second reference to “ <u>Alcohol Use Disorder Treatment Medications List</u> ” with “ <u>Opioid Use Disorder Treatment Medications List</u> .”
419	Prenatal and Postpartum Care	Data Elements for Reporting—Table PPC-1/2: Data Elements for Prenatal and Postpartum Care	Replace the language in the first column of the 11th row with “Number of medical records excluded because of valid data errors.”
484	Mental Health Utilization	Note	Replace the second bullet with the following text: <ul style="list-style-type: none"> • The <u>Mental Health Practitioner Value Set</u> contains provider taxonomy codes and is included for organizations that report the measure using clinical data. If an organization does not use the codes in the <u>Mental Health Practitioner Value Set</u>, it must map providers to a code in the value set for reporting. Only providers who meet the definition of “mental health practitioner” (Appendix 3) are eligible to be mapped. Mapping is subject to review by the HEDIS auditor. • Because provider taxonomy codes are not found in claims data, organizations must develop their own methods to identify mental health practitioners in claims data. Methods are subject to review by the HEDIS auditor. Refer to Appendix 3 for the definition of “mental health practitioner.”
508	Plan All-Cause Readmissions	Definitions—Outlier	Add the following language to the end of the third paragraph: If the member is an outlier and has a gap on January 1 of the measurement year, the member is assigned to the product line based on their last enrollment segment prior to January 1.
512	Plan All-Cause Readmissions	Risk Adjustment Weighting	Add the following language to the end of the first paragraph of this section: For Medicare product lines, IHS that are discharged or transferred to skilled nursing care should be assigned two sets of risk adjustment weights. When reporting to the Skilled Nursing Care stratification in Table PCR-C-3, link the weights from the Skilled Nursing Care tables (e.g., Table PCR-MA-SOtherWeights-Under65). For all other reporting, link the weights from the standard tables (e.g., Table PCR-MA-OtherWeights-Under65).
598	Follow-Up Care for Children Prescribed ADHD Medication (ADD-E)	Rate 1: Initiation Phase (Population Criteria 1)—Exclusions 1	Add the following text as a new bullet under the second bullet: <ul style="list-style-type: none"> • An acute inpatient discharge with a principal diagnosis of mental, behavioral or neurodevelopmental disorders during the Initiation Phase.

Page	Measure/Guideline	Head/Subtitle	Update
599	Follow-Up Care for Children Prescribed ADHD Medication (ADD-E)	Rate 2: C&M Phase (Population Criteria 2)—Exclusions 2	Add the following text as a new bullet under the second bullet: <ul style="list-style-type: none"> • An acute inpatient discharge with a principal diagnosis of mental, behavioral or neurodevelopmental disorders during the C&M Phase.

Changes That Affect Multiple Measures

This section identifies single changes that affect multiple measures.

Page	Measure/Guideline	Head/Subtitle	Update
109	Colorectal Cancer Screening	Exclusions	<p>Replace the first sentence of the dashed sub-bullet, which reads, “At least one acute inpatient discharge with an advanced illness diagnosis (<u>Advanced Illness Value Set</u>).”</p> <p>with:</p> <p>“At least one acute inpatient discharge with an advanced illness diagnosis (<u>Advanced Illness Value Set</u>) on the discharge claim.”</p>
160	Controlling High Blood Pressure	Exclusions	
168	Persistence of Beta-Blocker Treatment After a Heart Attack	Exclusions	
176	Statin Therapy for Patients With Cardiovascular Disease	Step 3: Exclusions	
185	Comprehensive Diabetes Care	Exclusions	
209	Statin Therapy for Patients With Diabetes	Step 3: Exclusions	
218	Disease-Modifying Anti-Rheumatic Drug Therapy for Rheumatoid Arthritis	Exclusions	
224	Osteoporosis Management in Women Who Had a Fracture	Step 6: Exclusions	
289	Adherence to Antipsychotic Medications for Individuals With Schizophrenia	Step 2: Exclusions	
159	Controlling High Blood Pressure	Exclusions	
168	Persistence of Beta-Blocker Treatment After a Heart Attack	Exclusions	
185	Comprehensive Diabetes Care	Exclusions	

Page	Measure/Guideline	Head/Subtitle	Update
301	Medication Reconciliation Post-Discharge	Event/diagnosis— Readmission or direct transfer	<p>Add the following language to the end of the third paragraph.</p> <p>To identify acute inpatient discharges:</p> <ol style="list-style-type: none"> 1. Identify all acute and nonacute inpatient stays (<u>Inpatient Stay Value Set</u>). 2. Exclude nonacute inpatient stays (<u>Nonacute Inpatient Stay Value Set</u>). 3. Identify the admission date for the stay. 4. Identify the discharge date for the stay. <p>To identify nonacute inpatient discharges:</p> <ol style="list-style-type: none"> 1. Identify all acute and nonacute inpatient stays (<u>Inpatient Stay Value Set</u>). 2. Confirm the stay was for nonacute care based on the presence of a nonacute code (<u>Nonacute Inpatient Stay Value Set</u>). 3. Identify the admission date for the stay. 4. Identify the discharge date for the stay.
306	Transitions of Care	Event/diagnosis— Readmission or direct transfer	