Specification Updates

This document contains corrections and policy changes or clarifications for the *HEDIS® 2020 Volume 5: HEDIS Compliance Audit™: Standards, Policies and Procedures* and the *Align. Measure. Perform Programs Audit Review Guidelines for MY 2019.*

HEDIS 2020 Volume 5: HEDIS Compliance Audit™: Standards, Policies and Procedures

Page	Section	Heading/Subtitle	Issue
51	Audit Process: Offsite Methods	Validation of Sample Frames for Survey Measures: Auditor Validation Process	Add the red text: Any incorrect members (e.g., wrong product, product line, age) discovered in the sample frame should be removed before the sample frame can be finalized and locked, regardless of the impact to ensure its accuracy. There is no exception to this for the QHP Enrollee Experience Survey. Specifically, for the six elements that allow for no bias. For all other QHP variables, auditors must validate sample frame files using the CMS specified completeness thresholds.
65	Audit Process: Offsite Methods	Supplemental Data Validation and ECDS Auditing (For nonstandard supplemental data)	Remove the red text: That the POS document contains all the elements required for the measure (according to hybrid specifications, if applicable).
66	Audit Process: Offsite Methods	Supplemental Data Validation and ECDS Auditing (NCQA Certified eCQM vendor data)	Add the red text: In addition to tasks for "all supplemental data," the auditor examines the contents of all standard supplemental data files. Auditors are not required to conduct primary source verification (PSV) to check accuracy and validity of data obtained from standard files, but may do so if there is a need, based on document and process review or on other criteria such as preliminary rates. For more information about using NCQA Certified eCQM vendor data for HEDIS reporting, refer to https://www.ncqa.org/programs/data-and-information-technology/hit-and-data-certification/hedis-audit-and-ecqm-certified-vendor-information/.
1-1	Appendix 1	Code of Professional Conduct for Certified HEDIS Compliance Auditor (Under item 1., second – mark)	Add the red text: – Not serve as an NCQA Certified HEDIS Compliance Auditor for any company, division or business with which I or a family member, to the best of my knowledge, have a direct financial relationship. For the purpose of this Code of Conduct the following definitions apply:

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			○ Family members are defined as an auditor's brother, sister, child, spouse, partner, or parent. ○ Direct financial relationship with an organization subject to an audit is defined as owning a beneficial equity or ownership interest (with the exception of an investment in a mutual fund which happens to hold an investment in an organization subject to audit and the auditor or family member does not make direct stock investment decisions); being a director, officer or employee; being engaged in the sale or lease of real estate; furnishing services (including management or any other consultant services); or has a creditor/debtor relationship with the organization or any division or business.
2-22	HEDIS Roadmap	HEDIS Roadmap: Section 5 (Table 5.5: Data Mapping and Integration)	Remove the red text: How to do you ensure that the correct fields are extracted (e.g., the service date and not the order date is being correctly identified; true diagnoses are being extracted and not rule out diagnoses)?
2-25	HEDIS Roadmap	HEDIS Roadmap: Section 5a (Introduction)	Add the red text: This section should be completed by the contracted data supplier (HIE, data aggregator, eCQM vendor). When this section is completed by the data supplier, the health plan must complete Section 5 (Tables 5.1, 5.4, 5.5, 5.6 and all applicable required documents) to address how they handle the receipt of the data.
2-28	HEDIS Roadmap	HEDIS Roadmap: Section 6 (Table 6.2: Data Preparation)	Change the red text: Do you exclude any data or populations from HEDIS and CAHPS®2/EES reporting? If so, which data or populations, and why? State the volume of data excluded.
8-2	Appendix 8 – HEDIS Certification Measures	Measures Eligible for Measure Certification	Add PQA measure: International Normalized Ratio Monitoring for Individuals on Warfarin (INR)

Align. Measure. Perform Programs Audit Review Guidelines for MY 2019

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45	AMP Audit Review for POs: The Offsite Process	Supplemental Data Validation (NCQA Certified eCQM vendor data)	Add the red text: In addition to tasks for "all supplemental data," the auditor examines the contents of all standard supplemental data files. Auditors are not required to conduct primary source verification (PSV) to check accuracy and validity of data obtained from standard files, but may do so if there is a need, based on document and process review or on other criteria such as preliminary rates. For more information about using NCQA Certified eCQM vendor data for AMP reporting, refer to https://www.ncqa.org/programs/data-and-information-technology/hit-and-data-certification/hedis-audit-and-ecqm-certified-vendor-information/.
1-23	MY 2019 PO Roadmap	AMP Roadmap: Section 4a (Introduction)	Change the red text: This section should be completed by the contracted data supplier (HIE, data aggregator, eCQM vendor). When this section is completed by the data supplier, the PO or health plan must complete Section 4 (Tables 4.1, 4.4, 4.5, 4.6 and all applicable required documents) to address how they handle the receipt of the data.