October 1, 2020

Dear Colleague:

NCQA is pleased to present the HEDIS®[1] *Measurement Year (MY) 2020 Volume 2: Technical Update*. With this release, NCQA freezes the Volume 2 technical specifications for MY 2020, with the exception of measures that require pharmacy data and the Risk Adjusted Utilization measures. This memo contains corrections, policy changes and clarifications to HEDIS MY 2020 & MY 2021 Volume 2. Review all items in the table below and incorporate them into your implementation processes.

Changes in this memo also apply to MY 2021, but the technical specifications for MY 2021 will not be frozen until the release of the *HEDIS MY 2021 Volume 2: Technical Update* on March 31, 2021. Changes in that update will only apply to MY 2021.

Measures that require pharmacy data and the Risk Adjusted Utilization measures will be final when the Medication List Directory (MLD) and the risk-adjustment tables are posted on November 2, 2020.

Obtaining the MLD. Changes to medications and an update memo (if needed) are included in the MLD, which will be available for download on November 2. Order it for free from the NCQA Store at https://store.ncqa.org/index.php/catalog/product/view/id/3763/s/hedis-my-2020-medication-list-directory/.

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.

If information in this memo contradicts a previous Policy Clarification Support (PCS) system response, then the PCS response is obsolete. The changes in this document are required for HEDIS MY 2020 & MY 2021 reporting.

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

Sincerely,

Cindy Ottone, MHA
Director, Policy-Measures

Enclosure

[1]HEDIS® is a registered trademark of the National Committee for Quality Assurance (NCQA).

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NCQA Measure Adjustment and Certification Notices

Unadjusted Certified Measures: A calculated measure result (a "rate") from a HEDIS measure that has been certified via NCQA's Measure Certification Program, and is based on unadjusted HEDIS specifications, may not be called a "Health Plan HEDIS rate" until it is audited and designated reportable by an NCQA-Certified HEDIS Compliance Auditor. Until such time, applicable measure rates shall be designated or referred to as "Unaudited Health Plan HEDIS Rates."

Adjusted Certified Measures: A calculated measure result (a "rate") from a HEDIS measure that has been certified via NCQA's Measure Certification Program, and is based on adjusted HEDIS specifications, may not be called an "Adjusted HEDIS rate" until it is audited and designated reportable by an NCQA-Certified HEDIS Compliance Auditor. Until such time, applicable measure rates shall be designated or referred to as "Adjusted, Unaudited HEDIS Rates."

Unadjusted Uncertified Measures: A calculated measure result (a "rate") from a HEDIS measure that has not been certified via NCQA's Measure Certification Program, and is based on unadjusted HEDIS specifications, may not be called a "Health Plan HEDIS rate" until it is audited and designated reportable by an NCQA-Certified HEDIS Compliance Auditor. Until such time, such measure rates shall be designated or referred to as "Uncertified, Unaudited Health Plan HEDIS Rates" and may only be used for population health purposes within an affiliated health plan network and internal, quality improvement purposes (e.g., trend analysis).

Adjusted Uncertified Measures: A calculated measure result (a "rate") from a HEDIS measure that has not been certified via NCQA's Measure Certification Program, and is based on adjusted HEDIS specifications, may not be called an "Adjusted HEDIS rate" until it is audited and designated reportable by an NCQA-Certified HEDIS Compliance Auditor. Until such time, such measure rates shall be designated or referred to as "Adjusted, Uncertified, Unaudited HEDIS Rates" and may only be used for population health purposes within an affiliated health plan network and internal, quality improvement purposes (e.g., trend analysis).

Uncertifiable Measures: Certain measures are not eligible for certification under NCQA's Measure Certification Program. As such, they should be designated or referred to as "Uncertifiable, Unaudited Health Plan HEDIS Rates" or "Adjusted, Uncertifiable, Unaudited HEDIS Rates," as applicable. A list of Uncertifiable Measures can be found on NCQA's website.

Specification Updates

This document contains corrections, policy changes and clarifications to *HEDIS MY 2020 & MY 2021 Volume 2: Technical Specifications.* NCQA has identified the appropriate page number, measure/guideline and head/subtitle for each item.

Page	Measure/Guideline	Head/Subtitle	Update
4	What's New in Volume 2?	HEDIS MY 2019 first-year measure evaluation	Replace the text in this section with the following text: The following MY 2019 *first-year and first-year status measures and product lines* will be publicly reported for MY 2020: • Follow-Up After High-Intensity Care for Substance Use Disorder (FUI). • Pharmacotherapy for Opioid Use Disorder (POD). • Hospitalization Following Discharge from a Skilled Nursing Facility (HFS). • Adherence to Antipsychotic Medications for Individuals With Schizophrenia (SAA) – Medicare and commercial product lines. • Plan All-Cause Readmissions (PCR)—Medicaid product line; Medicare Skilled Nursing Care rate —65+ age range only. The following MY 2018 first-year measure will be publicly reported for MY 2020. This is the first measure using the ECDS reporting method to be publicly reported. • Prenatal Immunization Status (PRS).
7	Reporting Data Errors to NCQA	Reporting Data Errors to NCQA	Add the following sentence to the end of the first paragraph: NCQA reserves the right to publicly display the information on the reported issue, including, but not limited to, the affected organization, the specific data error and the associated resolution. We will display the information on a dedicated public-facing webpage on the NCQA website (www.ncqa.org). NCQA may also revise affected products.
14	How NCQA Defines an Organization for Accreditation	5. HEDIS/CAHPS reporting unit	Remove the following text at the end of the paragraph: Refer to *HEDIS Reporting for Accreditation*, below, for the definition of a reporting unit.
15	How NCQA Defines an Organization for Accreditation	7. Geographic unit	Replace the last paragraph with the following text: For PPO products—which may have a service area larger than a single state—the organization is required to report HEDIS/CAHPS results for geographic regions no larger than a state.

Page	Measure/Guideline	Head/Subtitle	Update
25	General Guideline 18	Deceased Members	Replace the first and second paragraphs with the following text: Members who die during the measurement year are treated as an optional exclusion. Refer to the *Optional Exclusions* guideline in the *Guidelines for Effectiveness of Care Measures*. These members may be identified using various methods that include, but are not limited to, enrollment data, medical record, claims/encounter data or supplemental data. Organizations should attempt to remove these members prior to drawing the sample for hybrid measures. If during medical record review a member is found to be deceased, the member can be removed as a valid data error from the sample and replaced by a member from the oversample.
25	General Guideline 18	Deceased Members—Note	Replace the second bullet with the following text: • *Deceased members are not excluded from measures in the Health Plan Descriptive domain or the Utilization domain (except for measures similar to Effectiveness of Care measures: Well-Child Visits in the First 30 Months of Life and Child and Adolescent Well-Care Visits).*
35	General Guideline 33	Date of Service for Laboratory Tests	Replace the fourth paragraph with the following two paragraphs: When abstracting laboratory tests from the medical record for use in hybrid reporting or for nonstandard supplemental data, the documentation must include the test date and the result (or evidence that the test was performed). The result/reported date may be used as the test date. Organizations may consider all events with dates no more than seven days apart to be the *same* test and may use the collected date for reporting. For example:
174	Statin Therapy for Patients With Cardiovascular Disease	Data Elements for Reporting—Table SPC-1/2/3: Data Elements for Statin Therapy for Patients With Cardiovascular Disease	In the "Number of required exclusions" row, replace the language in the Administrative column with "*Rate 1, for each age/gender stratification and total."*
180	Cardiac Rehabilitation	Data Elements for Reporting—Table CRE—1/2/3: Data Elements for Cardiac Rehabilitation	In the "Number of required exclusions" row, replace the language in the Administrative column with *"For each age stratification and total."*
196	Comprehensive Diabetes Care	Hybrid Specification—Exclusions (optional)	Replace the second sentence with the following text: Identify members who did not have a diagnosis of diabetes, in any setting, during the measurement year or the year prior to the measurement year ***and*** who had a diagnosis of polycystic ovarian syndrome, gestational diabetes or steroid-induced diabetes in any setting during the measurement year or the year prior to the measurement year.

Page	Measure/Guideline	Head/Subtitle	Update
206	Kidney Health Evaluation for Patients With Diabetes	Administrative Specification—Numerator, Kidney Health Evaluation	Replace the first sentence with the following text: Members who received ***both*** an eGFR and a uACR during the measurement year on the same or different dates of service.
206	Kidney Health Evaluation for Patients With Diabetes	Administrative Specification—Numerator, Kidney Health Evaluation	Replace the second bullet with the following text: • At least one uACR identified by either of the following: – ***Both*** a quantitative urine albumin test (Quantitative Urine Albumin Lab Test Value Set) ***and*** a urine creatinine test (Urine Creatinine Lab Test Value Set) ***with*** service dates four days or less apart. For example, if the service date for the quantitative urine albumin test was December 1 of the measurement year, then the urine creatinine test must have a service date on or between November 27 and December 5 of the measurement year. – A uACR (Urine Albumin Creatinine Ratio Lab Test Value Set).
216	Statin Therapy for Patients With Diabetes	Data Elements for Reporting—Table SPD-1/2/3: Data Elements for Statin Therapy for Patients With Diabetes	In the "Number of required exclusions" row, replace the language in the Administrative column with "*Rate 1*."
290	Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia	Eligible Population—Event/diagnosis—Step 1	Add the following text as a new bullet and dash under the second dash: • At least two visits in an outpatient, intensive outpatient, partial hospitalization, ED or nonacute inpatient setting, on different dates of service, with any diagnosis of schizophrenia or schizoaffective disorder. Two of any of the following: – An outpatient visit with any diagnosis of schizophrenia or schizoaffective disorder (Visit Setting Unspecified Value Set ***with*** Outpatient POS Value Set ***with*** Schizophrenia Value Set).
360	Use of High-Risk Medications in Older Adults	Data Elements for Reporting—Table DAE-3: Data Elements for Use of High-Risk Medications in Older Adults	In the "Number of required exclusions" row, replace the language in the Administrative column with a check mark "✓."
416	Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment	Administrative Specification—Numerator, Initiation of AOD Treatment	In the third bullet on page 416 replace "(Telephone Visit Value Set)" with "(Telephone Visits Value Set)."

Page	Measure/Guideline	Head/Subtitle	Update
503	Guidelines for Risk Adjusted Utilization Measures	Risk Adjustment Comorbidity Category Determination	Add the following text as a new **Note** under Example: Table HCC—Comb: ***Note*** • *For the PCR Medicaid product line only, organizations must use the "RAU Table – PCR Medicaid" risk adjustment table when assigning comorbid and discharge conditions. For all other measures and the commercial and Medicare PCR product lines, organizations must use the "RAU Shared Tables" risk adjustment table when assigning comorbid and discharge conditions.*
505	Plan All-Cause Readmissions	Definitions—Plan population	Replace this definition with the following text: Members in the eligible population prior to exclusion of outliers (denominator steps 1–5). The plan population is only used as a denominator for the Outlier Rate. The plan population is based on members, not discharges. Count members only once in the plan population. Assign members to the product/product line in which they are enrolled at the start of the continuous enrollment period of their earliest Index Hospital Stay. If the member has a gap at the beginning of this continuous enrollment period, assign the member to the product/product line in which they were enrolled as of their first enrollment segment during this continuous enrollment period.
505	Plan All-Cause Readmissions	Definitions—Outlier	Replace the last paragraph with the following text: Assign members to the product/product line in which they are enrolled at the start of the continuous enrollment period of their earliest Index Hospital Stay. If the member has a gap at the beginning of this continuous enrollment period, assign the member to the product/product line in which they were enrolled as of their first enrollment segment during this continuous enrollment period.
505	Plan All-Cause Readmissions	Definitions—Nonoutlier	Replace this definition with the following text: Members in the eligible population who are not considered outliers.
514	Hospitalization Following Discharge From a Skilled Nursing Facility	Definitions—Planned Hospital Stay	Replace the reference to "step 2" with "step 3."
551	Enrollment by Product Line	Calculations—Member Months	Replace the second sentence with the following text: IDSS will convert these to member years.
553	Enrollment by Product Line	Table Instructions	Remove the entire "Table Instructions" section.
556	Language Diversity of Membership	Calculations—Table instructions	Replace both paragraphs with the following text: Report the number of members for whom the organization has information about spoken language preferred for health care and for written materials for each product population. If any of these data are unknown or unavailable, report as "Unknown."

Page	Measure/Guideline	Head/Subtitle	Update
556 & 557	Language Diversity of Membership	Calculations—Data Source, Spoken language preferred for health care, Preferred language for written materials and Other language needs	Replace all references to "percentage" with "number."
559	Race/Ethnicity Diversity of Membership	Calculations—Table instructions	Replace both paragraphs with the following text: Report the number of members by race/ethnicity for the product population. If a member's race or ethnicity is unknown or unavailable, report as "Unknown."
559	Race/Ethnicity Diversity of Membership	Calculations—Data Source	Replace the first sentence in the first paragraph with the following text: Report the number of members for whom data have been collected from each data source for race and ethnicity.
562	Race/Ethnicity Diversity of Membership	Table RDM-B-1/2/3: Percentage of Members for Whom the Organization Has Race/Ethnicity Information by Data Collection Method	Add light gray shading to all cells in the "Percentage" column.
562	Race/Ethnicity Diversity of Membership	Table RDM-B-1/2/3: Percentage of Members for Whom the Organization Has Race/Ethnicity Information by Data Collection Method	Add light gray shading to the Total cells in the "Members" column.
572	Guidelines for Measures Reported Using ECDS	Guidelines—5. Member Allocation for HEDIS ECDS Reporting	Replace both bullets with the following text: • For commercial and Medicare, members must be continuously enrolled with no gap of more than 45 days during each year of the specified Participation Period. • For Medicaid, member enrollment is verified monthly and the member may not have a gap of more than 30 days during each year of the specified Participation Period.
608	Depression Remission or Response for Adolescents and Adults	Data Elements for Reporting—Table DRR-E-3: Data Elements for Depression Remission or Response for Adolescents and Adults (Medicare)	Remove the "12-17" age range in the "Age" column.