

**TO:** Interested Parties  
**FROM:** Cindy Ottone, Director, Policy  
**DATE:** February 2021  
**RE:** HEDIS<sup>®1</sup> MY 2020 Measure Trending Determinations

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This memo communicates trending determinations for measures in the HEDIS MY 2020 *Volume 2 Technical Specifications* that will be reported publicly. Determinations should be considered during the audit review process, particularly for validating and benchmarking performance. Keep in mind that NCQA does not publicly report first-year measures or measures determined to have first-year status.

Trending determinations are predictions based on specification changes and are meant as information only. NCQA does not predict rate increase or decrease from the prior year. Final trending determinations will be released in Quality Compass.

HEDIS Compliance Auditors will continue to benchmark all measures, regardless of trending determinations, to assess whether rate changes align with NCQA's predictions or are organization specific. Do not rely solely on this memo as an explanation for rate and performance changes.

### **Trending Determinations by Measure**

The measures that follow had revisions for HEDIS MY 2020 that may affect trending. For these measures, we recommend:

1. Allow trending with caution (specification changes may cause fluctuation in results compared with the prior year), *or*
2. Do not allow trending by breaking the link to the prior year's measure results.

Submit questions about this memo to NCQA staff through My.NCQA at <https://my.ncqa.org>.

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### **Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC)**

**Change:** Member-reported biometric values (body mass index, height and weight) and values reported during a telephone visit, e-visit or virtual check-in may be used when reporting the BMI percentile indicator.

**Anticipated Trending Determination:** Trending for all product lines between MY 2020 and prior years should be considered with caution.

### **Breast Cancer Screening (BCS)**

### **Cervical Cancer Screening (CCS)**

### **Colorectal Cancer Screening (COL)**

### **Statin Therapy for Patients With Cardiovascular Disease (SPC)**

### **Statin Therapy for Patients With Diabetes (SPD)**

### **Osteoporosis Management in Women Who Had a Fracture (OMW)**

### **Potentially Harmful Drug-Disease Interactions in Older Adults (DDE)**

**Change:**

Added palliative care as a required exclusion.

**Anticipated Trending Determination:** Trending for all product lines between MY 2020 and prior years should be considered with caution.

### **Care for Older Adults (COA)**

**Change:** Removed the fourth bullet in the numerator of the Hybrid Specification of the Functional Status Assessment indicator.

**Anticipated Trending Determination:** Trending for the Functional Status Assessment indicator between MY 2020 and prior years should be considered with caution.

### **Appropriate Testing for Pharyngitis (CWP)**

**Change:** Deleted step 8 of the event/diagnosis. This step was thought to be duplicative, but there are scenarios when it is needed to de-duplicate episodes when identifying the event/diagnosis. It was an unintended change and step 8 will be recommended to be added back to the measure for MY 2022.

**Anticipated Trending Determination:** Trending for all product lines between MY 2020 and prior years should be considered with caution.

## Controlling High Blood Pressure (CBP)

### Change:

- Revised the time frame in the event/diagnosis criteria to look for two outpatient visits with a diagnosis of hypertension in the first six months of the measurement year and the year prior to the measurement year.
- Removed the restriction that only one of the two visits with a hypertension diagnosis be an outpatient telehealth, telephone visit, e-visit or virtual check-in when identifying the event/diagnosis.
- Added palliative care as a required exclusion.
- Added telephone visits, e-visits and virtual check-ins to the advanced illness exclusion.
- In the Administrative Specification, added telephone visits, e-visits and virtual check-ins as appropriate settings for BP readings.
- Updated the Hybrid Specification to indicate that sample size reduction is not allowed for MY 2020.
- Removed the requirements for remote monitoring devices to allow BPs taken by any digital device.
- Removed the exclusion of BP readings reported or taken by the member.

**Anticipated Trending Determination:** Break in trending for all product lines due to significant changes to the measure during reevaluation.

## Comprehensive Diabetes Care (CDC)

### Change:

- Added palliative care as a required exclusion.
- Clarified that eye exam results read by a system that provides an artificial intelligence (AI) interpretation meet criteria.
- Removed the requirements for remote monitoring devices to allow BPs taken by any digital device.
- Removed the exclusion of BP readings reported or taken by the member.

**Anticipated Trending Determination:** Break in trending for all product lines of the BP control (<140/90 mm Hg) indicator due to allowing member-reported BP readings and BPs taken by any digital device, and adding required exclusion for members receiving palliative care.

- HbA1c Testing; HbA1c Poor Control (>9.0%); HbA1c Control (<8.0%): Added a required exclusion for MY 2020 for members receiving palliative care. Trending for all product lines between MY 2020 and prior years should be considered with caution.
- Eye exam (retinal) performed: Eye exam results read by a system that provides an AI interpretation meet criteria beginning in MY 2020. Added a required exclusion to the measure for MY 2020 for members receiving palliative care. Trending for all product lines between MY 2020 and prior years should be considered with caution.

- Medical attention for nephropathy: Added a required exclusion to the measure for MY 2020 for members receiving palliative care. Trending for the Medicare product line between MY 2020 and prior years should be considered with caution.

### Follow-Up Care for Children Prescribed ADHD Medication (ADD)

**Change:**

- Added telehealth and telephone visits to the Rate 1 numerator.
- Added e-visits and virtual check-ins to the Rate 2 numerator and modified the telehealth restrictions.

**Anticipated Trending Determination:** Trending for all product lines between MY 2020 and prior years should be considered with caution.

### Follow-Up After Hospitalization for Mental Illness (FUH)

**Change:**

- Replaced “mental health practitioner” with “mental health provider.”
- Removed the mental health provider requirement for follow-up visits for intensive outpatient encounters, partial hospitalizations, community mental health centers and electroconvulsive therapy settings.
- Added visits in a behavioral healthcare setting to the numerator.
- Added telephone visits to the numerator.

**Anticipated Trending Determination:** Trending for all product lines between MY 2020 and prior years should be considered with caution.

### Follow-Up After Emergency Department Visit for Mental Illness (FUM)

**Change:** Added telephone visits, e-visits and virtual check-ins to the numerator.

**Anticipated Trending Determination:** Trending for all product lines between MY 2020 and prior years should be considered with caution.

### Follow-Up After High-Intensity Care for Substance Use Disorder (FUI)

### Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (FUA)

**Change:** Added value sets for opioid treatment services that are billed weekly or monthly to the numerator.

**Anticipated Trending Determination:** **Break in trending for the Medicare product line.** Trending for the commercial and Medicaid product lines between MY 2020 and prior years should be considered with caution.

## Pharmacotherapy for Opioid Use Disorder (POD)

### Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (IET)

**Change:** Added value sets for opioid treatment services that are billed weekly or monthly to the numerator and denominator.

**Anticipated Trending Determination:** **Break in trending for the Medicare product line.** Trending for the commercial and Medicaid product lines between MY 2020 and prior years should be considered with caution.

## Transitions of Care (TRC)

### Change:

- Revised the time frame for the Notification of Inpatient Admission and Receipt of Discharge Information indicators to the day of admission/discharge through 2 days after the admission/discharge.
- Clarified how to handle observation visits that precede the inpatient stay when identifying the event/diagnosis.
- Added e-visits and virtual check-ins to the Patient Engagement After Inpatient Discharge numerator.
- Updated the Hybrid Specification to indicate that sample size reduction is not allowed for MY 2020; sample size reduction is allowed for MY 2021.
- Revised the “one medical record” requirement to allow reporting from the outpatient medical record that is accessible to the PCP or ongoing care provider.
- Revised the sixth bullet of the Receipt of Discharge Information indicator of the hybrid specification.
- Added a Note to clarify that medication reconciliation does not require the member to be present.
- In the Data Elements for Reporting table, in the “Numerator events by supplemental data” row of the Hybrid column, replaced “Each of the 2 rates” for each age stratification and total with “Each of the 4 rates” for each age stratification and total, because supplemental data may now be used.

**Anticipated Trending Determination:** **Break in trending** due to significant changes to the measures during reevaluation.

## Use of High-Risk Medications in Older Adults (DAE)

### Change:

- Added a definition for “IPSD.”
- Revised the continuous enrollment to the measurement year and the year prior to the measurement year.
- Updated the age of Medicare members in the eligible population to reflect the extended continuous enrollment period.

- Added palliative care as a required exclusion.
- Added Rate 2: High-Risk Medications to Avoid Except for Appropriate Diagnosis.
- Revised Rate 1 to specify that two dispensing events for the same high-risk medication drug class meets numerator criteria.
- Removed the days supply requirement for nonbenzodiazepine hypnotic medications.
- Added a Total rate.
- Updated the Note section.

**Anticipated Trending Determination:** Break in trending of Rate 1: High Risk Medications to Avoid due to significant changes to the measure during reevaluation. No break needed for Rate 2: High-Risk Medications to Avoid Except for Appropriate Diagnosis and the total rate because these are new rates for MY 2020 and MY 2021.

### Use of Opioids at High Dosage (HDO)

**Change:**

- Clarified the instructions for calculating covered days for the numerator.
- Clarified the instructions for treatment period.
- Added palliative care as a required exclusion.

**Anticipated Trending Determination:** Trending for all product lines between MY 2020 and prior years should be considered with caution.

### Use of Opioids From Multiple Providers (UOP)

**Change:** Clarified the instructions for calculating covered days.

**Anticipated Trending Determination:** Trending for all product lines between MY 2020 and prior years should be considered with caution.

### Risk of Continued Opioid Use (COU)

**Change:**

- Clarified the instructions for calculating covered days.
- Added palliative care as a required exclusion.

**Anticipated Trending Determination:** Trending for all product lines between MY 2020 and prior years should be considered with caution.

## Prenatal and Postpartum Care (PPC)

### Change:

- Revised the definition of last enrollment segment.
- Added telephone visits (Telephone Visits Value Set) e-visits and virtual check-ins (Online Assessments Value Set) to the Timeliness of Prenatal Care rate (administrative specification) and clarified in the Notes that services provided via telephone, e-visit or virtual check-in are eligible for use in reporting both rates.

**Anticipated Trending Determination:** Trending for all product lines between MY 2020 and prior years should be considered with caution.

## Well-Child Visits in the First 30 Months of Life (W30)

### Change:

- Retired the 0, 1, 2, 3, 4 and 5 well-child visit rates.
- Added Rate 2 for children who turned 30 months old during the measurement year and had two or more well-child visits in the last 15 months.
- Removed the Hybrid Data Collection Method.
- Removed the telehealth exclusion.

**Anticipated Trending Determination:** Break in trending for all product lines for Rate 1—Well-Child Visits in the First 15 Months due to significant changes to the measures during reevaluation. No break needed for Rate 2—Well-Child Visits for Age 15 Months–30 Months because this was a new rate for MY 2020 and MY 2021.

## Child and Adolescent Well-Care Visits (WCV)

### Change:

- This measure is a combination measure that replaces the former “Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life (W34)” and “Adolescent Well-Care Visits (AWC)” HEDIS measures.
- Added members age 7–11 years.
- Added age stratifications.
- Removed the Hybrid Data Collection Method.
- Removed the telehealth exclusion.

**Anticipated Trending Determination:** Break in trending for all product lines for the 3–6 and 12–21 age range due to significant changes to the measures during reevaluation.\* There are no trending impacts on the 7–11 age range because this age range was added to the measure in MY 2020 and MY 2021.

\* The WCV measure was revised from the former W34 and AWC measures. During development of WCV, the indicators underwent major changes in MY 2020 and are not comparable to the parent indicators in the

original W34 and AWC measures. The break recommended in this memo is severe enough that we will issue new Indicator Keys (the unique identifier for rates used across HEDIS data collection systems and reports) and will not provide links back to the original W34 and AWC indicators.

### Identification of Alcohol and Other Drug Services (IAD)

**Change:** Added value sets for opioid treatment services that are billed weekly or monthly to the outpatient or medication treatment rate.

**Anticipated Trending Determination:** Break in trending for the Medicare product line of the Outpatient or Medication Treatment and Any Service rates. Trending for the commercial and Medicaid product lines of the Outpatient or Medication Treatment and Any Service rates between MY 2020 and prior years should be considered with caution.

### Mental Health Utilization (MPT)

**Change:**

- Deleted the Mental Health Practitioner Value Set.
- Replaced references to “mental health practitioner” with “mental health provider.”
- Added telephone visits (Telephone Visits Value Set), e-visits and virtual check-ins (Online Assessments Value Set) to the *Telehealth* section.
- Deleted redundant value sets from the *Telehealth* section.
- Revised the instructions in the Notes for identifying mental health providers.

**Anticipated Trending Determination:** Trending for all product lines between MY 2020 and prior years should be considered with caution.



## Emergency Department Utilization (EDU)

### Change:

- Added definitions for “outlier” and “non-outlier.”
- Revised step 1 in the calculation of observed events to exclude ED visits that result in an observation stay.
- Added step 3 in the calculation of observed events to remove discharges for outlier members.
- Removed references to specific risk weight tables in the Risk Adjustment Weighting section.
- Specified separate PPV and PUCV risk adjustment weight tables for the Medicare population age 18–64 and the Medicare population 65 and older.
- Removed step 3 to identify the base risk weight from the calculation of PPV and PUCV; renumbered subsequent steps.
- Clarified in step 4 of the Expected Count of Visits calculation that the covariance should be set to zero for categories with a single member.
- Added instructions to report outliers separate from non-outliers.
- Revised the data elements tables and added reporting columns for outliers.

**Anticipated Trending Determination:** Break in trending for all product lines due to significant changes to the measures during reevaluation.

## Enrollment by Product Line (ENP)

### Change:

- Revised the “Member months” definition under *Calculations* to indicate that IDSS converts plan reported member months for the Medicaid product line to member years. This is consistent with the commercial and Medicare product lines.

**Anticipated Trending Determination:** Break in trending for the Medicaid product line due to the change from member months to member years. *Note:* For the Medicaid product line, organizations that want to trend data to MY 2020 may do so by dividing numbers prior to MY 2020 by 12.

## Race/Ethnicity Diversity of Membership (RDM)

### Change:

- The calculations of the Race/Ethnicity Categories percentage rates in IDSS now divide by the total unduplicated membership count instead of the total count per ethnicity. This is consistent with in the measure specification. This change affects all Race/Ethnicity Category percentage rates, except those for Total ethnicity.

**Anticipated Trending Determination:** Break in trending for all product lines for all Hispanic or Latino, Not Hispanic or Latino, Unknown Ethnicity and Declined Ethnicity percentage rates due to the change in the IDSS calculations.

*Note:* The information in the tables above is for information only; final determinations will be released in Quality Compass.