

March 31, 2022

Dear Colleague:

NCQA is pleased to present the *HEDIS<sup>®1</sup> Measurement Year (MY) 2022 Volume 2: Technical Update*. With this release, NCQA freezes the Volume 2 technical specifications for MY 2022. This memo contains corrections, policy changes and clarifications to the *HEDIS MY 2022 Volume 2 Technical Specifications*.

Deprescribing of Benzodiazepines in Older Adults (DBO) will not be collected for MY 2022 reporting. The measure specifications, value sets and medication lists are being removed from the *HEDIS MY 2022 Volume 2: Technical Specifications*.

The U.S. Preventive Services Task Force published new guidelines for colorectal cancer screening shortly before the release of traditional and Electronic Clinical Data Systems (ECDS)-reported versions of Colorectal Cancer Screening (COL) in the *MY 2022 Volume 2: Technical Specifications*. NCQA conducted an off-cycle reevaluation of the measure for MY 2022 to align it with the new guidelines. The updated versions of the COL (Attachment A) and COL-E (Attachment B) measure specifications must be used for MY 2022 reporting.

The final versions of the Digital Measure Packages, Medication List Directory (MLD), Value Set Directory (VSD) and Risk Adjustment Tables for MY 2022 reporting are available in the NCQA Store.

- **Obtaining the Digital Measure Packages.** The updated HEDIS MY 2022 digital measure packages are available for download by customers that previously purchased them. Go to the My Downloads (<https://my.ncqa.org/Downloads>) section of My NCQA to obtain the updated digital measures.
- **Obtaining the MLD.** Changes to medications are included in the table that follows and in the MY 2022 MLD, available for download. Order it for free from the NCQA Store at: <https://store.ncqa.org/hedis-my-2022-medication-list-directory.html>.
- **Obtaining the Risk Adjustment Tables.** The MY 2022 Risk Adjustment Tables are available for download. Order them for free from the NCQA Store at: <https://store.ncqa.org/hedis-my-2022-risk-adjustment-tables.html>.
- **Obtaining the updated VSD.** Changes to codes and value sets have been incorporated in the MY 2022 VSD, available for download by customers with access to the HEDIS MY 2022 Volume 2 e-pub. Go to the My Downloads (<https://my.ncqa.org/Downloads>) section of My NCQA and download the *HEDIS MY 2022 Volume 2 (epub)* zipped folder, which contains the updated *HEDIS MY 2022 Volume 2 Value Set Directories (.xlsx)* file.

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The [HEDIS Audit Timeline for MY 2022](#) is available on the NCQA website.

Changes listed in this document are required for HEDIS MY 2022 reporting. Review all items in the table below and incorporate them into your implementation processes. If information in this memo contradicts a previous My NCQA system response, then the response is obsolete.

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, Performance Measurement

Enclosure

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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 the *HEDIS MY 2022 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
	Table of Contents	Effectiveness of Care — Overuse/Appropriateness	Add the following text as a Note under the DBO measure: <b>Note:</b> <i>DBO will not be collected for MY 2022 reporting. The measure specifications, value sets and medication lists are being removed from the HEDIS MY 2022 Volume 2: Technical Specifications.</i>
2	What's New in Volume 2?	New Measures	Remove the bullet that reads: <ul style="list-style-type: none"> <li>• Deprescribing of Benzodiazepines in Older Adults (DBO).</li> </ul>
20-21	General Guideline 18	Deceased Members—Note	Add the following as a fourth bullet under the Note: <ul style="list-style-type: none"> <li>• <i>This is a member-level exclusion. For episode-based measures, if one event does not meet numerator criteria and the organization chooses to use this optional exclusion, remove all member events/episodes from the measure.</i></li> </ul>
21-22	General Guideline 21	Members Who Switch Products/Product Lines	In the “Measures with a continuous enrollment requirement” section, remove the last paragraph, which reads: Enrollment in a Medicare Private Fee-for-Service (PFFS) plan is considered a gap in HMO/POS and PPO/EPO enrollment.
26-27	General Guideline 31	Supplemental Data—Supplemental Data Definitions	Add the following definition after the “CCDs” definition: <p><b>NCQA DAV data</b> For data from an NCQA-Validated DAV entity, the auditor must:</p> <ul style="list-style-type: none"> <li>• Receive a completed current year’s Roadmap Section 5 from the reporting entity using the data. The Roadmap must explain how data from the validated DAV entity is transferred to the reporting entity and what the entity does to the data. This is completed by the health plan; no documentation is required from the DAV entity, which has already been validated. <ul style="list-style-type: none"> <li>– If the reporting entity processes the validated CCD in any way after receipt, the auditor must validate the file back to the original validated CCD to ensure that no data were changed.</li> </ul> </li> <li>• Receive the final validation report that indicates the validated data clusters and the date when they were validated.</li> </ul> <p>If an NCQA-validated DAV entity includes data from an unvalidated data cluster, the auditor must validate the data, following the nonstandard supplemental data guidelines, before the data can be used for HEDIS reporting. The auditor may not perform PSV on any validated data files.</p>

Page	Measure/Guideline	Head/Subtitle	Update
32	General Guideline 33	Race and Ethnicity (RES) Stratification—Determining race reporting category, Note	Replace the Note in both sections with the following two bullets: <ul style="list-style-type: none"> <li>• The “Asked but No Answer” category is only reported using direct data.</li> <li>• The “Unknown” category is only reported using indirect data.</li> </ul>
32	General Guideline 33	Race and Ethnicity (RES) Stratification—Determining ethnicity reporting category, Note	
48	Guidelines for Calculations and Sampling	Guidelines for the Hybrid Method-Table 1: Sample Size Information for Hybrid Measures	In the “Colorectal Cancer Screening” row, replace “Y” with “N” in the “Prior Year’s Rate May Be Used to Reduce MY 2022 Sample Size <sup>1</sup> ” column.
55	Substituting Medical Records	1. Errors in sampling data	Add the following text as the third paragraph: Members may also be identified as valid data errors if administrative data refresh finds they meet exclusion criteria. Report these members as valid data errors.
56	Hybrid Method: Three Approaches		Add the following text to the end of this section: For all three approaches, the value reported for the EligiblePopulation data element must be the number of members in the eligible population before optional exclusions and after required exclusions are applied. For example, if the eligible population is 100 members and 10 members met optional exclusion criteria, the eligible population value reported must still be 100. Refer to <i>Appendix 4: Data Element Definitions</i> for additional information.
105	Colorectal Cancer Screening	Entire Measure Specification	Remove this measure and specifications entirely and replace them with the text in Attachment A.
127-128	Appropriate Testing for Pharyngitis	CWP Antibiotic Medications table	Delete “Ceftibuten” and “Cefditoren” from the <i>Third generation cephalosporins</i> row.
143	Asthma Medication Ratio	Asthma Controller Medications table	Delete the entire <i>Antiasthmatic combinations</i> row.
152	Controlling High Blood Pressure	Exclusions (optional)	Replace the reference to “(Nephrectomy Value Set)” with “(Total Nephrectomy Value Set; Partial Nephrectomy Value Set).”
156	Controlling High Blood Pressure	Table CBP-B-1/2/3: Data Elements for Controlling High Blood Pressure: Stratifications by Race and Table CBP-C-1/2/3: Data Elements for Controlling High Blood Pressure: Stratifications by Ethnicity	Replace references to “Unknown” with “Unknown**” in the “Race” and “Ethnicity” columns.

Page	Measure/Guideline	Head/Subtitle	Update
156	Controlling High Blood Pressure	Table CBP-B-1/2/3: Data Elements for Controlling High Blood Pressure: Stratifications by Race and Table CBP-C-1/2/3: Data Elements for Controlling High Blood Pressure: Stratifications by Ethnicity	Add the following text below the asterisk that reads “*AskedButNoAnswer is only reported for Source='Direct.'”: **Unknown is only reported for Source='Indirect.'
166	Statin Therapy for Patients With Cardiovascular Disease	Event/Diagnosis—Step 1	Replace the reference to “(MI Value Set)” with “(MI Value Set; Old Myocardial Infarction Value Set)” in the first bullet.
182	Hemoglobin A1c Control for Patients With Diabetes	Diabetes Medications table	<ul style="list-style-type: none"> <li>• Add: “Dapagliflozin-saxagliptin”; “Ertugliflozin-metformin”; “Ertugliflozin-sitagliptin” and “Empagliflozin-linagliptin-metformin” to the <i>Antidiabetic combinations</i> row.</li> <li>• Add “Insulin degludec-liraglutide” and “Insulin glargine-lixisenatide” to the <i>Insulin</i> row.</li> <li>• Add “Lixisenatide” to the <i>Glucagon-like peptide-1 (GLP1) agonists</i> row.</li> <li>• Add “Ertugliflozin” to the <i>Sodium glucose cotransporter 2 (SGLT2) inhibitor</i> row.</li> </ul>
187-188	Hemoglobin A1c Control for Patients With Diabetes	Table HBD-B-1/2/3: Data Elements for Hemoglobin A1c Control for Patients With Diabetes: Stratifications by Race and Table HBD-C-1/2/3: Data Elements for Hemoglobin A1c Control for Patients With Diabetes: Stratifications by Ethnicity	Replace references to “Unknown” with “Unknown***” in the “Race” and “Ethnicity” columns.
187-188	Hemoglobin A1c Control for Patients With Diabetes	Table HBD-B-1/2/3: Data Elements for Hemoglobin A1c Control for Patients With Diabetes: Stratifications by Race and Table HBD-C-1/2/3: Data Elements for Hemoglobin A1c Control for Patients With Diabetes: Stratifications by Ethnicity	Add the following text below the asterisk that reads “***AskedButNoAnswer is only reported for Source='Direct.'”: ***Unknown is only reported for Source='Indirect.'
191-192	Blood Pressure Control for Patients With Diabetes	Diabetes Medications table	<ul style="list-style-type: none"> <li>• Add: “Dapagliflozin-saxagliptin”; “Ertugliflozin-metformin”; “Ertugliflozin-sitagliptin” and “Empagliflozin-linagliptin-metformin” to the <i>Antidiabetic combinations</i> row.</li> <li>• Add “Insulin degludec-liraglutide” and “Insulin glargine-lixisenatide” to the <i>Insulin</i> row.</li> <li>• Add “Lixisenatide” to the <i>Glucagon-like peptide-1 (GLP1) agonists</i> row.</li> <li>• Add “Ertugliflozin” to the <i>Sodium glucose cotransporter 2 (SGLT2) inhibitor</i> row.</li> </ul>

Page	Measure/Guideline	Head/Subtitle	Update
201	Eye Exam for Patients with Diabetes	Diabetes Medications table	<ul style="list-style-type: none"> <li>• Add “Dapagliflozin-saxagliptin”; “Ertugliflozin-metformin”; “Ertugliflozin-sitagliptin” and “Empagliflozin-linagliptin-metformin” to the <i>Antidiabetic combinations</i> row.</li> <li>• Add “Insulin degludec-liraglutide” and “Insulin glargine-lixisenatide” to the <i>Insulin</i> row.</li> <li>• Add “Lixisenatide” to the <i>Glucagon-like peptide-1 (GLP1) agonists</i> row.</li> <li>• Add “Ertugliflozin” to the <i>Sodium glucose cotransporter 2 (SGLT2) inhibitor</i> row.</li> </ul>
210-211	Kidney Health Evaluation for Patients With Diabetes	Diabetes Medications table	<ul style="list-style-type: none"> <li>• Add “Dapagliflozin-saxagliptin”; “Ertugliflozin-metformin”; “Ertugliflozin-sitagliptin” and “Empagliflozin-linagliptin-metformin” to the <i>Antidiabetic combinations</i> row.</li> <li>• Add “Insulin degludec-liraglutide” and “Insulin glargine-lixisenatide” to the <i>Insulin</i> row.</li> <li>• Add “Lixisenatide” to the <i>Glucagon-like peptide-1 (GLP1) agonists</i> row.</li> <li>• Add “Ertugliflozin” to the <i>Sodium glucose cotransporter 2 (SGLT2) inhibitor</i> row.</li> </ul>
217	Statin Therapy for patients With Diabetes	Diabetes Medications table	<ul style="list-style-type: none"> <li>• Add “Dapagliflozin-saxagliptin”; “Ertugliflozin-metformin”; “Ertugliflozin-sitagliptin” and “Empagliflozin-linagliptin-metformin” to the <i>Antidiabetic combinations</i> row.</li> <li>• Add “Insulin degludec-liraglutide” and “Insulin glargine-lixisenatide” to the <i>Insulin</i> row.</li> <li>• Add “Lixisenatide” to the <i>Glucagon-like peptide-1 (GLP1) agonists</i> row.</li> <li>• Add “Ertugliflozin” to the <i>Sodium glucose cotransporter 2 (SGLT2) inhibitor</i> row.</li> </ul>
218	Statin Therapy for Patients With Diabetes	Event/Diagnosis—Step 2: Required exclusions	Replace the reference to “(MI Value Set)” with “(MI Value Set; <u>Old Myocardial Infarction Value Set</u> ).”
290	Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications	Diabetes Medications table	<ul style="list-style-type: none"> <li>• Add “Dapagliflozin-saxagliptin”; “Ertugliflozin-metformin”; “Ertugliflozin-sitagliptin” and “Empagliflozin-linagliptin-metformin” to the <i>Antidiabetic combinations</i> row.</li> <li>• Add “Insulin degludec-liraglutide” and “Insulin glargine-lixisenatide” to the <i>Insulin</i> row.</li> <li>• Add “Lixisenatide” to the <i>Glucagon-like peptide-1 (GLP1) agonists</i> row.</li> <li>• Add “Ertugliflozin” to the <i>Sodium glucose cotransporter 2 (SGLT2) inhibitor</i> row.</li> </ul>
291	Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications	SSD Antipsychotic Medications table	Add “Lumateperone” to the <i>Miscellaneous antipsychotic agents</i> row.
296-297	Diabetes Monitoring for People With Diabetes and Schizophrenia	Diabetes Medications table	<ul style="list-style-type: none"> <li>• Add “Dapagliflozin-saxagliptin”; “Ertugliflozin-metformin”; “Ertugliflozin-sitagliptin” and “Empagliflozin-linagliptin-metformin” to the <i>Antidiabetic combinations</i> row.</li> <li>• Add “Insulin degludec-liraglutide” and “Insulin glargine-lixisenatide” to the <i>Insulin</i> row.</li> <li>• Add “Lixisenatide” to the <i>Glucagon-like peptide-1 (GLP1) agonists</i> row.</li> <li>• Add “Ertugliflozin” to the <i>Sodium glucose cotransporter 2 (SGLT2) inhibitor</i> row.</li> </ul>

Page	Measure/Guideline	Head/Subtitle	Update
310	Adherence to Antipsychotic Medications for Individuals With Schizophrenia	Oral Antipsychotic Medications table	In the <i>Miscellaneous antipsychotic agents (oral)</i> row, add “Lumateperone” to the “Prescription” column and “ <u>Lumateperone Oral Medications List</u> ” to the “Medication Lists” column.
332	Follow-Up After Emergency Department Visit for People With Multiple High-Risk Chronic Conditions	Event/Diagnosis—Step 3: Eligible chronic condition diagnoses	Replace the reference to “(MI Value Set)” with “(MI Value Set; <u>Old Myocardial Infarction Value Set</u> )” in the sixth bullet.
346-347	Appropriate Treatment for Upper Respiratory Infection	AAB Antibiotic Medications table	<ul style="list-style-type: none"> <li>• Delete the entire <i>Ketolides</i> row.</li> <li>• Delete “Cefditoren” and “Ceftibuten” from the <i>Third-generation cephalosporins</i> row.</li> </ul>
351-352	Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis	AAB Antibiotic Medications table	<ul style="list-style-type: none"> <li>• Delete the entire <i>Ketolides</i> row.</li> <li>• Delete “Cefditoren” and “Ceftibuten” from the <i>Third-generation cephalosporins</i> row.</li> </ul>
356	Use of Imaging Studies for Low Back Pain	Event/Diagnosis: Step 4: Required exclusions	In the last bullet, replace the reference to “(Osteoporosis Medication List)” with “(Osteoporosis <u>Medications List</u> ).”
365	Potentially Harmful Drug-Disease Interactions in Older Adults	Rate 3: Drug-Disease Interactions—Chronic Kidney Disease and Cox-2 Selective NSAIDs or Nonaspirin NSAIDs—Additional eligible population criteria	Replace the reference to “(Nephrectomy Value Set)” with “(Total Nephrectomy Value Set).”
378	Deprescribing of Benzodiazepines in Older Adults	Entire Measure Specification	Remove the <i>Description, Definitions, Eligible Population, Administrative Specification and data elements</i> sections entirely from the measure specifications. Replace the text in the Summary of Changes to HEDIS MY 2022 section with the following text: <ul style="list-style-type: none"> <li>• DBO will not be collected for MY 2022 reporting. The measure specifications, value sets and medication lists are being removed from the <i>HEDIS MY 2022 Volume 2: Technical Specifications</i>.</li> </ul>
387	Use of Opioids at High Dosage	Table HDO-A: Opioid Medications <sup>1</sup>	In the “Codeine” row that contains the <u>Codeine Phosphate 15 mg Medications List</u> and the <u>Codeine Phosphate 2 MGPML Medications List</u> , delete both medication lists, strengths and MME Conversion Factor for these lists from the table.
387	Use of Opioids at High Dosage	Table HDO-A: Opioid Medications <sup>1</sup>	In the “Codeine” row that contains the <u>Aspirin Codeine 8 mg Medications List</u> , delete this medication list, strength and MME conversion factor for this list from the table.
389	Use of Opioids at High Dosage	Table HDO-A: Opioid Medications <sup>1</sup>	In the “Meperidine” row that contains the <u>Meperidine Promethazine 50 mg Medications List</u> , delete this medication list, strength and MME conversion factor for this list from the table.



Page	Measure/Guideline	Head/Subtitle	Update
390	Use of Opioids at High Dosage	Table HDO-A: Opioid Medications <sup>1</sup>	In the "Oxycodone" row that contains <a href="#">Aspirin Oxycodone 4.8355 mg</a> : <ul style="list-style-type: none"> <li>Replace the reference to "<a href="#">Aspirin Oxycodone 4.8355 mg Medications List</a>" with "<a href="#">Aspirin Oxycodone 4.84 mg Medications List</a>" in the "Medication Lists" column.</li> <li>Replace "4.8355 mg" with "4.84 mg" in the "Strength" column.</li> </ul>
395	Use of Opioids From Multiple Providers	Opioid Medications table	In the "Codeine" row, delete the following medication lists from the "Medication List" column: <ul style="list-style-type: none"> <li><a href="#">Aspirin Codeine Medications List</a></li> <li><a href="#">Codeine Phosphate Medications List</a></li> </ul>
401	Risk of Continued Opioid Use	Opioid Medications table	In the "Codeine" row, delete the following medication lists from the "Medication Lists" column: <ul style="list-style-type: none"> <li><a href="#">Aspirin Codeine Medications List</a></li> <li><a href="#">Codeine Phosphate Medications List</a></li> </ul>
451	Prenatal and Postpartum Care	Table PPC-B-1/2: Data Elements for Prenatal and Postpartum Care: Stratifications by Race and Table PPC-C-1/2: Data Elements for Prenatal and Postpartum Care: Stratifications by Ethnicity	Replace references to "Unknown" with "Unknown***" in the "Race" and "Ethnicity" columns.
451	Prenatal and Postpartum Care	Table PPC-B-1/2: Data Elements for Prenatal and Postpartum Care: Stratifications by Race and Table PPC-C-1/2: Data Elements for Prenatal and Postpartum Care: Stratifications by Ethnicity	Add the following text below the asterisk that reads "***AskedButNoAnswer is only reported for Source='Direct'": ***Unknown is only reported for Source='Indirect.'
473	Child and Adolescent Well-Care Visits	Table WCV-B-1/2: Data Elements for Child and Adolescent Well-Care Visits: Stratifications by Race and Table WCV-C-1/2: Data Elements for Child and Adolescent Well-Care Visits: Stratifications by Ethnicity	Replace references to "Unknown" with "Unknown**" in the "Race" and "Ethnicity" columns.
473	Child and Adolescent Well-Care Visits	Table WCV-B-1/2: Data Elements for Child and Adolescent Well-Care Visits: Stratifications by Race and Table WCV-C-1/2: Data Elements for Child and Adolescent Well-Care Visits: Stratifications by Ethnicity	Add the following text below the asterisk that reads "**AskedButNoAnswer is only reported for Source='Direct'": **Unknown is only reported for Source='Indirect.'

Page	Measure/Guideline	Head/Subtitle	Update
491	Antibiotic Utilization for Respiratory Conditions	AXR Antibiotic Medications table	<ul style="list-style-type: none"> <li>• Delete “Cefditoren” and “Ceftibuten” from the <i>Cephalosporin (second, third, fourth generation)</i> row.</li> <li>• Delete the entire <i>Ketolide</i> row.</li> </ul>
596	Colorectal Cancer Screening (COL-E)	Entire Measure Specification	Remove this measure and specifications entirely and replace them with the text in Attachment B.
1-12	Appendix 1—Summary Table of Measures, Product Lines and Changes	Deprescribing of Benzodiazepines in Older Adults (DBO)	<p>In the “Deprescribing of Benzodiazepines in Older Adults (DBO)” row, replace the text in the “Changes for HEDIS MY 2022” column with the following text:</p> <ul style="list-style-type: none"> <li>• DBO will not be collected for MY 2022 reporting. The measure specifications, value sets and medication lists are being removed from the <i>HEDIS MY 2022 Volume 2: Technical Specifications</i>.</li> </ul>
2-1	Appendix 2—Technical Considerations for New Measures	Deprescribing of Benzodiazepines in Older Adults (DBO)	Remove the row that reads: Deprescribing of Benzodiazepines in Older Adults (DBO)
2-7	Appendix 2—Technical Considerations for New Measures	Deprescribing of Benzodiazepines in Older Adults (DBO)	Remove the Description, Background, Relevance, Scientific Soundness, Feasibility and References sections from the appendix in their entirety.
4-1	Appendix 4— Data Element Definitions	NumeratorByAdminElig—Description CYAR—Description	Replace the text in parentheses with the following text: (before optional exclusions)
4-2	Appendix 4— Data Element Definitions	OversampleRecordsNumber—Meaning ExclusionAdminOptional—Meaning ExclusionEmployeeOrDep—Meaning	Replace references to “MRSS” with “sample.”
4-2	Appendix 4—Data Element Definitions	ExclusionValidDataErrors—Meaning	Add the following text to the end of the definition: If an administrative exclusion is found during data refresh, the member is also considered a valid data error.
7-5, 7-6	Appendix 7— Logical Measure Groups	Effectiveness of Care Measures	<p>Add the following text as a Note under the table:</p> <p><b>Note:</b> DBO will not be collected for MY 2022 reporting. The measure specifications, value sets and medication lists are being removed from the <i>HEDIS MY 2022 Volume 2: Technical Specifications</i>.</p>

## Colorectal Cancer Screening (COL)

### SUMMARY OF CHANGES TO HEDIS MY 2022

- Clarified that members in hospice or using hospice services anytime during the measurement year are a required exclusion.
- Added instructions to report rates stratified by race and ethnicity for each product line.
- Revised the Reporting Instructions for the “NumeratorByAdminElig” data element in *Table COL-A-3: Data Elements for Colorectal Cancer Screening* to “For each Stratification” to indicate that it is a stratified value.
- Added new data elements tables for race and ethnicity stratification reporting.

### SUMMARY OF CHANGES FOR HEDIS MY 2022 TECHNICAL UPDATE

- Revised the age range from 50–75 years of age to 45–75 years of age.
- Added the Medicaid product line to the administrative data collection method only.
- Added age stratifications.
- Changed references of “FIT-DNA test” to “stool DNA (sDNA) with FIT test” in the numerator.
- Updated the Hybrid specification to indicate that sample size reduction is not allowed.
- Revised the Data Elements for Reporting tables to reflect age stratifications and Medicaid reporting.
- Added a footnote to Table COL-B-1/2/3 and Table COL-C-1/2/3 to clarify that the “unknown” category for race and ethnicity is only reported for the indirect data source.

### Description

The percentage of members 45–75 years of age who had appropriate screening for colorectal cancer.

### Note

- *Only the administrative data collection method may be used when reporting this measure for the Medicaid product line.*

### Eligible Population

<b>Product lines</b>	Commercial, Medicaid, Medicare (report each product line separately).
<b>Ages</b>	46–75 years as of December 31 of the measurement year. Report two age stratifications and a total rate: <ul style="list-style-type: none"> <li>• 46–49 years.</li> <li>• 50–75 years.</li> <li>• Total.</li> </ul> <p>The total is the sum of the age stratifications.</p>
<b>Stratification</b>	For only Medicare, report the following SES stratifications and total: <ul style="list-style-type: none"> <li>• Non-LIS/DE, Nondisability.</li> <li>• LIS/DE.</li> </ul>

- Disability.
- LIS/DE and Disability.
- Other.
- Unknown.
- Total Medicare.

**Note:** Stratifications are mutually exclusive and the sum of all six stratifications is the Total population.

For each product line, report the following stratifications by race and total, and stratifications by ethnicity and total:

- **Race:**
  - White.
  - Black or African American.
  - American Indian and Alaska Native.
  - Asian.
  - Native Hawaiian and Other Pacific Islander.
  - Some Other Race.
  - Two or More Races.
  - Asked but No Answer.
  - Unknown.
  - Total.
- **Ethnicity:**
  - Hispanic/Latino.
  - Not Hispanic/Latino.
  - Asked but No Answer.
  - Unknown.
  - Total.

**Note:** Stratifications are mutually exclusive and the sum of all categories in each stratification is the Total population.

<b>Continuous enrollment</b>	The measurement year and the year prior to the measurement year.
<b>Allowable gap</b>	No more than one gap in continuous enrollment of up to 45 days during each year of continuous enrollment.
<b>Anchor date</b>	December 31 of the measurement year.
<b>Benefit</b>	Medical.
<b>Event/diagnosis</b>	None.
<b>Required exclusions</b>	Exclude members who meet any of the following criteria: <ul style="list-style-type: none"> <li>• Members in hospice or using hospice services anytime during the measurement year. Refer to <i>General Guideline 17: Members in Hospice</i>.</li> </ul>

- Members receiving palliative care (Palliative Care Assessment Value Set; Palliative Care Encounter Value Set; Palliative Care Intervention Value Set) during the measurement year.

## Exclusions

Exclude members who meet any of the following criteria:

**Note:** *Supplemental and medical record data may not be used for these exclusions.*

- Medicare members 66 years of age and older as of December 31 of the measurement year who meet either of the following:
  - Enrolled in an Institutional SNP (I-SNP) any time during the measurement year.
  - Living long-term in an institution any time during the measurement year as identified by the LTI flag in the Monthly Membership Detail Data File. Use the run date of the file to determine if a member had an LTI flag during the measurement year.
- Members 66 years of age and older as of December 31 of the measurement year (all product lines) with frailty **and** advanced illness. Members must meet **BOTH** of the following frailty and advanced illness criteria to be excluded:
  1. At least one claim/encounter for frailty (Frailty Device Value Set; Frailty Diagnosis Value Set; Frailty Encounter Value Set; Frailty Symptom Value Set) during the measurement year.
  2. Any of the following during the measurement year or the year prior to the measurement year (count services that occur over both years):
    - At least two outpatient visits (Outpatient Value Set), observation visits (Observation Value Set), ED visits (ED Value Set), telephone visits (Telephone Visits Value Set), e-visits or virtual check-ins (Online Assessments Value Set), nonacute inpatient encounters (Nonacute Inpatient Value Set) or nonacute inpatient discharges (instructions below; the diagnosis must be on the discharge claim) on different dates of service, with an advanced illness diagnosis (Advanced Illness Value Set). Visit type need not be the same for the two visits. To identify a nonacute inpatient discharge:
      1. Identify all acute and nonacute inpatient stays (Inpatient Stay Value Set).
      2. Confirm the stay was for nonacute care based on the presence of a nonacute code (Nonacute Inpatient Stay Value Set) on the claim.
      3. Identify the discharge date for the stay.
    - At least one acute inpatient encounter (Acute Inpatient Value Set) with an advanced illness diagnosis (Advanced Illness Value Set).
    - At least one acute inpatient discharge with an advanced illness diagnosis (Advanced Illness Value Set) on the discharge claim. To identify an acute inpatient discharge:
      1. Identify all acute and nonacute inpatient stays (Inpatient Stay Value Set).
      2. Exclude nonacute inpatient stays (Nonacute Inpatient Stay Value Set).
      3. Identify the discharge date for the stay.
    - A dispensed dementia medication (Dementia Medications List).

**Dementia Medications**

Description	Prescription
Cholinesterase inhibitors	• Donepezil      • Galantamine      • Rivastigmine
Miscellaneous central nervous system agents	• Memantine
Dementia combinations	• Donepezil-memantine

**Administrative Specification**

**Denominator**      The eligible population.

**Numerator**      One or more screenings for colorectal cancer. Any of the following meet criteria:

- Fecal occult blood test (FOBT Lab Test Value Set; FOBT Test Result or Finding Value Set) during the measurement year. For administrative data, assume the required number of samples were returned, regardless of FOBT type.
- Flexible sigmoidoscopy (Flexible Sigmoidoscopy Value Set; History of Flexible Sigmoidoscopy Value Set) during the measurement year or the four years prior to the measurement year.
- Colonoscopy (Colonoscopy Value Set; History of Colonoscopy Value Set) during the measurement year or the nine years prior to the measurement year.
- CT colonography (CT Colonography Value Set) during the measurement year or the four years prior to the measurement year.
- Stool DNA (sDNA) with FIT test (sDNA FIT Lab Test Value Set; sDNA FIT Test Result or Finding Value Set) during the measurement year or the two years prior to the measurement year.

**Exclusion (optional)**

Either of the following any time during the member's history through December 31 of the measurement year:

- Colorectal cancer (Colorectal Cancer Value Set).
- Total colectomy (Total Colectomy Value Set; History of Total Colectomy Value Set).

**Hybrid Specification**

**Denominator**      A systematic sample drawn from the eligible population for the Medicare and commercial product lines. Because *Colorectal Cancer Screening* has been significantly revised, sample size reduction is not allowed.

For Medicare reporting, the denominator (MRSS) for the Total category is the entire systematic sample. Do not pull samples for each stratification. The individual stratifications for the denominators and all numerators must sum to the totals.

- Numerator** One or more 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 nine years prior to the measurement year.
  - CT colonography during the measurement year or the four years prior to the measurement year.
  - Stool DNA (sDNA) with FIT test during the measurement year or the two years prior to the measurement year.

**Administrative** Refer to *Administrative Specification* to identify positive numerator hits from the administrative data.

**Medical record** Documentation in the medical record must include a note indicating the date when the colorectal cancer screening was performed. A result is not required if the documentation is clearly part of the member's "medical history"; if this is not clear, the result or finding must also be present (this ensures that the screening was performed and not merely ordered).

A pathology report that indicates the type of screening (e.g., colonoscopy, flexible sigmoidoscopy) and the date when the screening was performed meets criteria.

For pathology reports that do not indicate the type of screening and for incomplete procedures:

- Evidence that the scope advanced beyond the splenic flexure meets criteria for a completed colonoscopy.
- Evidence that the scope advanced into the sigmoid colon meets criteria for a completed flexible sigmoidoscopy.

There are two types of FOBT tests: guaiac (gFOBT) and immunochemical (FIT). Depending on the type of FOBT test, a certain number of samples are required for numerator compliance. Follow the instructions below to determine member compliance.

- If the medical record does not indicate the type of test and there is no indication of how many samples were returned, assume the required number was returned. The member meets the screening criteria for inclusion in the numerator.
- If the medical record does not indicate the type of test and the number of returned samples is specified, the member meets the screening criteria only if the number of samples specified is greater than or equal to three samples. If there are fewer than three samples, the member does not meet the screening criteria for inclusion.
- FIT tests may require fewer than three samples. If the medical record indicates that an FIT was done, the member meets the screening criteria, regardless of how many samples were returned.

- If the medical record indicates that a gFOBT was done, follow the scenarios below.
  - *If the medical record does not indicate the number of returned samples*, assume the required number was returned. The member meets the screening criteria for inclusion in the numerator.
  - *If the medical record indicates that three or more samples were returned*, the member meets the screening criteria for inclusion in the numerator.
  - *If the medical record indicates that fewer than three samples were returned*, the member does not meet the screening criteria.

*Do not count* digital rectal exams (DRE), FOBT tests performed in an office setting or performed on a sample collected via DRE.

### **Exclusion (optional)**

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Refer to *Administrative Specification* for exclusion criteria. Exclusionary evidence in the medical record must include a note indicating colorectal cancer or total colectomy any time during the member's history through December 31 of the measurement year.



**Data Elements for Reporting**

Organizations that submit HEDIS data to NCQA must provide the following data elements.

**Table COL-A-1: Data Elements for Colorectal Cancer Screening**

Metric	Age	Data Element	Reporting Instructions
ColorectalCancerScreening	46-49	EligiblePopulation	For each Stratification
	50-75	ExclusionAdminRequired	For each Stratification
	Total	ExclusionAdminOptional	For each Stratification
		NumeratorByAdmin	For each Stratification
		NumeratorBySupplemental	For each Stratification
		Rate	(Percent)

**Table COL-A-2: Data Elements for Colorectal Cancer Screening**

Metric	Age	Data Element	Reporting Instructions	A
ColorectalCancerScreening	46-49	CollectionMethod	Repeat per Stratification	✓
	50-75	EligiblePopulation	For each Stratification	✓
	Total	ExclusionAdminRequired	For each Stratification	✓
		NumeratorByAdminElig	For each Stratification	
		CYAR	Only for Total (Percent)	
		MinReqSampleSize	Repeat per Stratification	
		OversampleRate	Repeat per Stratification	
		OversampleRecordsNumber	(Count)	
		ExclusionValidDataErrors	Repeat per Stratification	
		ExclusionAdminOptional	Repeat per Stratification	
		ExclusionMedRecOptional	Repeat per Stratification	
		ExclusionEmployeeOrDep	Repeat per Stratification	
		OversampleRecsAdded	Repeat per Stratification	
		Denominator	For each Stratification	
		NumeratorByAdmin	For each Stratification	✓
		NumeratorByMedicalRecords	For each Stratification	
		NumeratorBySupplemental	For each Stratification	✓
	Rate	(Percent)	✓	

Table COL-A-3: Data Elements for Colorectal Cancer Screening

Metric	Age	SES Stratification	Data Element	Reporting Instructions	A
ColorectalCancerScreening	46-49	NonLisDeNondisability	CollectionMethod	Repeat per Stratification	✓
	50-75	LisDe	EligiblePopulation	For each Stratification	✓
	Total	Disability	ExclusionAdminRequired	For each Stratification	✓
		LisDeAndDisability	NumeratorByAdminElig	For each Stratification	
		Other	CYAR	Only for Total (Percent)	
		Unknown	MinReqSampleSize	Repeat per Stratification	
		Total	OversampleRate	Repeat per Stratification	
			OversampleRecordsNumber	(Count)	
			ExclusionValidDataErrors	Repeat per Stratification	
			ExclusionAdminOptional	Repeat per Stratification	
			ExclusionMedRecsOptional	Repeat per Stratification	
			ExclusionEmployeeOrDep	Repeat per Stratification	
			OversampleRecsAdded	Repeat per Stratification	
			Denominator	For each Stratification	
		NumeratorByAdmin	For each Stratification	✓	
		NumeratorByMedicalRecords	For each Stratification		
		NumeratorBySupplemental	For each Stratification	✓	
		Rate	(Percent)	✓	

**Table COL-B-1/2/3: Data Elements for Colorectal Cancer Screening: Stratifications by Race**

Metric	Race	Source	Data Element	Reporting Instructions	A
ColorectalCancerScreening	White	Direct	CollectionMethod	Repeat per Stratification	✓
	BlackOrAfricanAmerican	Indirect	EligiblePopulation	For each Stratification	✓
	AmericanIndianAndAlaskaNative	Total	Denominator***	For each Stratification	
	Asian		Numerator	For each Stratification	✓
	NativeHawaiianAndOtherPacificIslander		Rate	(Percent)	✓
	SomeOtherRace				
	TwoOrMoreRaces				
	AskedButNoAnswer*				
	Unknown**				

**Table COL-C-1/2/3: Data Elements for Colorectal Cancer Screening: Stratifications by Ethnicity**

Metric	Ethnicity	Source	Data Element	Reporting Instructions	A	
ColorectalCancerScreening	HispanicOrLatino	Direct	CollectionMethod	Repeat per Stratification	✓	
	NotHispanicOrLatino	Indirect	EligiblePopulation	For each Stratification	✓	
	AskedButNoAnswer*	Total	Denominator***	For each Stratification		
	Unknown**			Numerator	For each Stratification	✓
				Rate	(Percent)	✓

\*AskedButNoAnswer is only reported for Source='Direct.'

\*\*Unknown is only reported for Source='Indirect.'

\*\*\*The Denominator data element is not available for Medicaid reporting.

## Rules for Allowable Adjustments of HEDIS

NCQA's Rules for Allowable Adjustments of HEDIS describe how NCQA's HEDIS measure specifications can be adjusted for non-health plan reporting. Refer to the *Guidelines for the Rules of Allowable Adjustments of HEDIS* for additional information.

**Adjusted HEDIS measures may not be used for HEDIS health plan reporting.**

### Rules for Allowable Adjustments for Colorectal Cancer Screening

NONCLINICAL COMPONENTS		
Eligible Population	Adjustments Allowed (Yes/No)	Notes
Product Lines	Yes	Organizations are not required to use product line criteria; product lines may be combined and all (or no) product line criteria may be used.
Ages	Yes, with limits	The age determination dates may be changed (e.g., select, "age as of June 30"). The denominator age may not be expanded.
Continuous enrollment, Allowable gap, Anchor Date	Yes	Organizations are not required to use enrollment criteria; adjustments are allowed.
Benefit	Yes	Organizations are not required to use a benefit; adjustments are allowed.
Other	Yes	Organizations may use additional eligible population criteria to focus on a population of interest such as gender, sociodemographic characteristic or geographic region.
CLINICAL COMPONENTS		
Eligible Population	Adjustments Allowed (Yes/No)	Notes
Event/Diagnosis	NA	There is no event/diagnosis for this measure.
Denominator Exclusions	Adjustments Allowed (Yes/No)	Notes
Required Exclusions	Yes	The hospice and palliative care exclusions are not required. Refer to <i>Exclusions</i> in the <i>Guidelines for the Rules for Allowable Adjustments</i>
Optional Exclusions	No, if applied	Optional exclusions are not required, but if they are used, only specified exclusions may be applied. Value sets may not be changed.
Exclusions: I-SNP, LTI, Frailty or Advanced Illness	Yes	These exclusions are not required. Refer to <i>Exclusions</i> in the <i>Guidelines for the Rules for Allowable Adjustments</i> .
Numerator Criteria	Adjustments Allowed (Yes/No)	Notes
Colorectal Cancer Screening	No	The value sets and the logic may not be changed.

## Colorectal Cancer Screening (COL-E)

### SUMMARY OF CHANGES TO HEDIS MY 2022

- Updated the logic for the measure to be expressed in FHIR.
- Added instructions to report rates stratified by race and ethnicity for each product line.
- Added new data elements tables for race and ethnicity stratification reporting.
- Refer to the *Technical Release Notes* file in the Digital Measures Package for a comprehensive list of changes.

### SUMMARY OF CHANGES FOR HEDIS MY 2022 TECHNICAL UPDATE

- Revised the age range from 50–75 years of age to 45–75 years of age.
- Updated the clinical recommendation statement to reflect new guidelines.
- Added the Medicaid product line.
- Added age stratifications.
- Changed references of “FIT-DNA test” to “stool DNA (sDNA) with FIT test” in the numerator.
- Revised the Data Elements for Reporting tables to reflect age stratifications and Medicaid reporting.
- Added a footnote to COL-E-A-1/2/3 and Table COL-E-B-1/2/3 to clarify that the “unknown” category for race and ethnicity is only reported for the indirect data source.

<b>Description</b>	The percentage of members 45–75 years of age who had appropriate screening for colorectal cancer.
<b>Measurement period</b>	January 1–December 31.
<b>Clinical recommendation statement</b>	The U.S. Preventive Services Task Force “recommends screening for colorectal cancer in all adults aged 50 to 75 years (A recommendation) and all adults aged 45 to 49 years (B recommendation).” Potential screening methods include an annual guaiac-based fecal occult blood test (gFOBT), annual fecal immunochemical test (FIT), multitargeted stool DNA with FIT test (sDNA FIT) every 3 years, colonoscopy every 10 years, CT colonography every 5 years, flexible sigmoidoscopy every 5 years or flexible sigmoidoscopy every 10 years, with FIT every year.
<b>Citations</b>	U.S. Preventive Services Task Force. 2021. “Screening for Colorectal Cancer: U.S. Preventive Services Task Force Recommendation Statement.” <i>JAMA</i> 325(19):1965–1977. doi:10.1001/jama.2021.6238
<b>Characteristics</b>	
<b>Scoring</b>	Proportion.
<b>Type</b>	Process.

<b>Stratification</b>	<ol style="list-style-type: none"> <li>1. Commercial: Race – White.</li> <li>2. Commercial: Race – Black or African American.</li> <li>3. Commercial: Race – American Indian and Alaska Native.</li> <li>4. Commercial: Race – Asian.</li> <li>5. Commercial: Race – Native Hawaiian and Other Pacific Islander.</li> <li>6. Commercial: Race – Some Other Race.</li> <li>7. Commercial: Race – Two or More Races.</li> <li>8. Commercial: Race – Asked but No Answer.</li> <li>9. Commercial: Race – Unknown.</li> <li>10. Commercial: Ethnicity – Hispanic/Latino.</li> <li>11. Commercial: Ethnicity – Not Hispanic/Latino.</li> <li>12. Commercial: Ethnicity – Asked but No Answer.</li> <li>13. Commercial: Ethnicity – Unknown.</li> <li>14. Commercial: Age – 46-49 years.</li> <li>15. Commercial: Age – 50-75 years.</li> <li>16. Medicaid: Race – White.</li> <li>17. Medicaid: Race – Black or African American.</li> <li>18. Medicaid: Race – American Indian and Alaska Native.</li> <li>19. Medicaid: Race – Asian.</li> <li>20. Medicaid: Race – Native Hawaiian and Other Pacific Islander.</li> <li>21. Medicaid: Race – Some Other Race.</li> <li>22. Medicaid: Race – Two or More Races.</li> <li>23. Medicaid: Race – Asked but No Answer.</li> <li>24. Medicaid: Race – Unknown.</li> <li>25. Medicaid: Ethnicity – Hispanic/Latino.</li> <li>26. Medicaid: Ethnicity – Not Hispanic/Latino.</li> <li>27. Medicaid: Ethnicity – Asked but No Answer.</li> <li>28. Medicaid: Ethnicity – Unknown.</li> <li>29. Medicaid: Age – 46–49 years.</li> <li>30. Medicaid: Age – 50–75 years.</li> <li>31. Medicare: SES - Non-LIS/DE, Nondisability.</li> <li>32. Medicare: SES – LIS/DE.</li> <li>33. Medicare: SES – Disability.</li> <li>34. Medicare: SES – LIS/DE and Disability.</li> <li>35. Medicare: SES – Other.</li> <li>36. Medicare: SES – Unknown.</li> <li>37. Medicare: Race – White.</li> <li>38. Medicare: Race – Black or African American.</li> <li>39. Medicare: Race – American Indian and Alaska Native.</li> <li>40. Medicare: Race – Asian.</li> <li>41. Medicare: Race – Native Hawaiian and Other Pacific Islander.</li> <li>42. Medicare: Race – Some Other Race.</li> </ol>
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	<p>43. Medicare: Race – Two or More Races.</p> <p>44. Medicare: Race – Asked but No Answer.</p> <p>45. Medicare: Race – Unknown.</p> <p>46. Medicare: Ethnicity – Hispanic/Latino.</p> <p>47. Medicare: Ethnicity – Not Hispanic/Latino.</p> <p>48. Medicare: Ethnicity – Asked but No Answer.</p> <p>49. Medicare: Ethnicity – Unknown.</p> <p>50. Medicare: Age – 46-49 years.</p> <p>51. Medicare: Age – 50-75 years.</p>
<b>Risk adjustment</b>	None.
<b>Improvement notation</b>	A higher rate indicates better performance.
<b>Definitions</b>	
<b>Participation</b>	The identifiers and descriptors for each organization’s coverage used to define members’ eligibility for measure reporting. Allocation for reporting is based on eligibility during the Participation Period.
<b>Participation Period</b>	The Measurement Period and the year prior to the Measurement Period.
<b>Initial Population</b>	Members 46–75 years as of the end of the Measurement Period who also meet the criteria for Participation.
<b>Exclusions</b>	<ul style="list-style-type: none"> <li>• Members in hospice or using hospice services any time during the Measurement Period.</li> <li>• Members with colorectal cancer or a total colectomy any time during the member’s history through the end of the Measurement Period.</li> <li>• Medicare members 66 years of age and older by the end of the Measurement Period who meet either of the following: <ul style="list-style-type: none"> <li>– Enrolled in an Institutional SNP (I-SNP) any time during the Measurement Period.</li> <li>– Living long-term in an institution any time during the Measurement Period, as identified by the LTI flag in the Monthly Membership Detail Data File. Use the run date of the file to determine if a member had an LTI flag during the Measurement Period.</li> </ul> </li> <li>• Members 66 years of age and older by the end of the Measurement Period, with frailty and advanced illness.</li> <li>• Members receiving palliative care during the Measurement Period.</li> </ul>
<b>Denominator</b>	The Initial Population, minus Exclusions.

<b>Numerator</b>	<p>Members with one or more screenings for colorectal cancer. Any of the following meet criteria:</p> <ul style="list-style-type: none"> <li>• Fecal occult blood test during the Measurement Period.</li> <li>• Flexible sigmoidoscopy during the Measurement Period or the four years prior to the Measurement Period.</li> <li>• Colonoscopy during the Measurement Period or the nine years prior to the Measurement Period.</li> <li>• CT colonography during the Measurement Period or the four years prior to the Measurement Period.</li> <li>• Stool DNA (sDNA) with FIT test during the Measurement Period or the two years prior to the Measurement Period.</li> </ul>
<b>Data criteria (element level)</b>	
<p><b>Value Sets:</b></p> <ul style="list-style-type: none"> <li>• <b>COLE_HEDIS_MY2022-1.0.0</b> <ul style="list-style-type: none"> <li>– Colonoscopy (<a href="https://www.ncqa.org/fhir/valueset/2.16.840.1.113883.3.464.1004.1064">https://www.ncqa.org/fhir/valueset/2.16.840.1.113883.3.464.1004.1064</a>)</li> <li>– Colorectal Cancer (<a href="https://www.ncqa.org/fhir/valueset/2.16.840.1.113883.3.464.1004.1065">https://www.ncqa.org/fhir/valueset/2.16.840.1.113883.3.464.1004.1065</a>)</li> <li>– CT Colonography (<a href="https://www.ncqa.org/fhir/valueset/2.16.840.1.113883.3.464.1004.1421">https://www.ncqa.org/fhir/valueset/2.16.840.1.113883.3.464.1004.1421</a>)</li> <li>– (<a href="https://www.ncqa.org/fhir/valueset/2.16.840.1.113883.3.464.1004.1750">https://www.ncqa.org/fhir/valueset/2.16.840.1.113883.3.464.1004.1750</a>)</li> <li>– Flexible Sigmoidoscopy (<a href="https://www.ncqa.org/fhir/valueset/2.16.840.1.113883.3.464.1004.1102">https://www.ncqa.org/fhir/valueset/2.16.840.1.113883.3.464.1004.1102</a>)</li> <li>– FOBT Lab Test (<a href="https://www.ncqa.org/fhir/valueset/2.16.840.1.113883.3.464.1004.1959">https://www.ncqa.org/fhir/valueset/2.16.840.1.113883.3.464.1004.1959</a>)</li> <li>– FOBT Test Result or Finding (<a href="https://www.ncqa.org/fhir/valueset/2.16.840.1.113883.3.464.1004.1960">https://www.ncqa.org/fhir/valueset/2.16.840.1.113883.3.464.1004.1960</a>)</li> <li>– History of Colonoscopy (<a href="https://www.ncqa.org/fhir/valueset/2.16.840.1.113883.3.464.1004.1910">https://www.ncqa.org/fhir/valueset/2.16.840.1.113883.3.464.1004.1910</a>)</li> <li>– History of Flexible Sigmoidoscopy (<a href="https://www.ncqa.org/fhir/valueset/2.16.840.1.113883.3.464.1004.1911">https://www.ncqa.org/fhir/valueset/2.16.840.1.113883.3.464.1004.1911</a>)</li> <li>– History of Total Colectomy (<a href="https://www.ncqa.org/fhir/valueset/2.16.840.1.113883.3.464.1004.1912">https://www.ncqa.org/fhir/valueset/2.16.840.1.113883.3.464.1004.1912</a>)</li> <li>– sDNA FIT Lab Test (<a href="https://www.ncqa.org/fhir/valueset/2.16.840.1.113883.3.464.1004.1749">https://www.ncqa.org/fhir/valueset/2.16.840.1.113883.3.464.1004.1749</a>)</li> <li>– sDNA FIT Test Result or Finding (<a href="https://www.ncqa.org/fhir/valueset/2.16.840.1.113883.3.464.1004.1750">https://www.ncqa.org/fhir/valueset/2.16.840.1.113883.3.464.1004.1750</a>)</li> <li>– Total Colectomy (<a href="https://www.ncqa.org/fhir/valueset/2.16.840.1.113883.3.464.1004.1250">https://www.ncqa.org/fhir/valueset/2.16.840.1.113883.3.464.1004.1250</a>)</li> </ul> </li> <li>• <b>NCQA_AdvancedIllnessandFrailty-1.0.0</b> <ul style="list-style-type: none"> <li>– Acute Inpatient (<a href="https://www.ncqa.org/fhir/valueset/2.16.840.1.113883.3.464.1004.1810">https://www.ncqa.org/fhir/valueset/2.16.840.1.113883.3.464.1004.1810</a>)</li> <li>– Advanced Illness (<a href="https://www.ncqa.org/fhir/valueset/2.16.840.1.113883.3.464.1004.1465">https://www.ncqa.org/fhir/valueset/2.16.840.1.113883.3.464.1004.1465</a>)</li> <li>– Dementia Medications (<a href="https://www.ncqa.org/fhir/valueset/2.16.840.1.113883.3.464.1004.1729">https://www.ncqa.org/fhir/valueset/2.16.840.1.113883.3.464.1004.1729</a>)</li> <li>– ED (<a href="https://www.ncqa.org/fhir/valueset/2.16.840.1.113883.3.464.1004.1086">https://www.ncqa.org/fhir/valueset/2.16.840.1.113883.3.464.1004.1086</a>)</li> <li>– Frailty Device (<a href="https://www.ncqa.org/fhir/valueset/2.16.840.1.113883.3.464.1004.1530">https://www.ncqa.org/fhir/valueset/2.16.840.1.113883.3.464.1004.1530</a>)</li> <li>– Frailty Diagnosis (<a href="https://www.ncqa.org/fhir/valueset/2.16.840.1.113883.3.464.1004.1531">https://www.ncqa.org/fhir/valueset/2.16.840.1.113883.3.464.1004.1531</a>)</li> <li>– Frailty Encounter (<a href="https://www.ncqa.org/fhir/valueset/2.16.840.1.113883.3.464.1004.1532">https://www.ncqa.org/fhir/valueset/2.16.840.1.113883.3.464.1004.1532</a>)</li> <li>– Frailty Symptom (<a href="https://www.ncqa.org/fhir/valueset/2.16.840.1.113883.3.464.1004.1533">https://www.ncqa.org/fhir/valueset/2.16.840.1.113883.3.464.1004.1533</a>)</li> <li>– Nonacute Inpatient (<a href="https://www.ncqa.org/fhir/valueset/2.16.840.1.113883.3.464.1004.1189">https://www.ncqa.org/fhir/valueset/2.16.840.1.113883.3.464.1004.1189</a>)</li> </ul> </li> </ul>	



- Observation (<https://www.ncqa.org/fhir/valueset/2.16.840.1.113883.3.464.1004.1191>)
- Online Assessments (<https://www.ncqa.org/fhir/valueset/2.16.840.1.113883.3.464.1004.1446>)
- Outpatient (<https://www.ncqa.org/fhir/valueset/2.16.840.1.113883.3.464.1004.1202>)
- Telephone Visits (<https://www.ncqa.org/fhir/valueset/2.16.840.1.113883.3.464.1004.1246>)
- **NCQA\_Claims-1.0.0**
  - Inpatient Stay (<https://www.ncqa.org/fhir/valueset/2.16.840.1.113883.3.464.1004.1395>)
  - Nonacute Inpatient Stay (<https://www.ncqa.org/fhir/valueset/2.16.840.1.113883.3.464.1004.1398>)
- **NCQA\_Hospice-1.0.0**
  - Hospice Encounter (<https://www.ncqa.org/fhir/valueset/2.16.840.1.113883.3.464.1004.1761>)
  - Hospice Intervention (<https://www.ncqa.org/fhir/valueset/2.16.840.1.113883.3.464.1004.1762>)
- **NCQA\_PalliativeCare-1.0.0**
  - Palliative Care Assessment (<https://www.ncqa.org/fhir/valueset/2.16.840.1.113883.3.464.1004.2225>)
  - Palliative Care Encounter (<https://www.ncqa.org/fhir/valueset/2.16.840.1.113883.3.464.1004.1450>)
  - Palliative Care Intervention (<https://www.ncqa.org/fhir/valueset/2.16.840.1.113883.3.464.1004.2224>)

**Direct Reference Codes and Codesystems:**

- **NCQA\_PalliativeCare-1.0.0**
  - codesystem "ICD-10": 'http://hl7.org/fhir/sid/icd-10-cm'
  - code "Encounter for palliative care": 'Z51.5' from "ICD-10" display 'Encounter for palliative care'
- **NCQA\_Terminology-1.0.0**
  - codesystem "claim-type": 'http://terminology.hl7.org/CodeSystem/claim-type'
  - codesystem "ConditionClinicalStatusCodes": 'http://terminology.hl7.org/CodeSystem/condition-clinical'
  - codesystem "coverage-type": 'http://terminology.hl7.org/CodeSystem/v3-ActCode'
  - code "active": 'active' from "ConditionClinicalStatusCodes"
  - code "Institutional": 'institutional' from "claim-type"
  - code "managed care policy": 'MCPOL' from "coverage-type"
  - code "Professional": 'professional' from "claim-type"
  - code "retiree health program": 'RETIRE' from "coverage-type"
  - code "subsidized health program": 'SUBSIDIZ' from "coverage-type"

**Data Elements for Reporting**

Organizations that submit data to NCQA must provide the following data elements in a specified file.

**Table COL-E-A-1/2: Metadata Elements for Colorectal Cancer Screening**

Metric	Age	Data Element	Reporting Instructions
ColorectalCancerScreening	46-49	InitialPopulation	For each Stratification
	50-75	ExclusionsByEHR	For each Stratification
	Total	ExclusionsByCaseManagement	For each Stratification
		ExclusionsByHIERegistry	For each Stratification
	ExclusionsByAdmin	For each Stratification	
	Exclusions	(Sum over SSoRs)	
	Denominator	For each Stratification	
	NumeratorByEHR	For each Stratification	
	NumeratorByCaseManagement	For each Stratification	
	NumeratorByHIERegistry	For each Stratification	
	NumeratorByAdmin	For each Stratification	
	Numerator	(Sum over SSoRs)	
	Rate	(Percent)	

**Table COL-E-A-3: Data Elements for Colorectal Cancer Screening**

Metric	Age	SES Stratification	Data Element	Reporting Instructions
ColorectalCancerScreening	46-49	NonLisDeNondisability	InitialPopulation	For each Stratification
	50-75	LisDe	ExclusionsByEHR	For each Stratification
	Total	Disability	ExclusionsByCaseManagement	For each Stratification
		LisDeAndDisability	ExclusionsByHIERegistry	For each Stratification
	Other	ExclusionsByAdmin	For each Stratification	
	Unknown	Exclusions	(Sum over SSoRs)	
	Total	Denominator	For each Stratification	
		NumeratorByEHR	For each Stratification	
	NumeratorByCaseManagement	For each Stratification		
	NumeratorByHIERegistry	For each Stratification		
	NumeratorByAdmin	For each Stratification		
	Numerator	(Sum over SSoRs)		
	Rate	(Percent)		

**Table COL-E-B 1/2/3: Data Elements for Colorectal Cancer Screening: Stratifications by Race**

Metric
ColorectalCancerScreening

Race	Source	Data Element	Reporting Instructions
White	Direct	InitialPopulation	For each Stratification
BlackOrAfricanAmerican	Indirect	Exclusions	For each Stratification
AmericanIndianAndAlaskaNative	Total	Denominator	For each Stratification
Asian		Numerator	For each Stratification
NativeHawaiianAndOtherPacificIslander		Rate	(Percent)
SomeOtherRace			
TwoOrMoreRaces			
AskedButNoAnswer*			
Unknown**			

**Table COL-E-C-1/2/3: Data Elements for Colorectal Cancer Screening: Stratifications by Ethnicity**

Metric
ColorectalCancerScreening

Ethnicity	Source	Data Element	Reporting Instructions
HispanicOrLatino	Direct	InitialPopulation	For each Stratification
NotHispanicOrLatino	Indirect	Exclusions	For each Stratification
AskedButNoAnswer*	Total	Denominator	For each Stratification
Unknown**		Numerator	For each Stratification
		Rate	(Percent)

\*AskedButNoAnswer is only reported for Source='Direct.'

\*\*Unknown is only reported for Source='Indirect.'

## Rules for Allowable Adjustments of HEDIS

NCQA's Rules for Allowable Adjustments of HEDIS describe how NCQA's HEDIS measure specifications can be adjusted for non-health plan reporting. Refer to the *Guidelines for the Rules of Allowable Adjustments of HEDIS* for additional information.

**Adjusted HEDIS measures may not be used for HEDIS health plan reporting.**

### Rules for Allowable Adjustments for Colorectal Cancer Screening—ECDS

NONCLINICAL COMPONENTS		
Eligible Population	Adjustments Allowed (Yes/No)	Notes
Product Lines	Yes	Organizations are not required to use product line criteria; product lines may be combined and all (or no) product line criteria may be used.
Ages	Yes, with limits	The age determination dates may be changed (e.g., select, "age as of June 30"). The denominator age may not be expanded.
Allocation	Yes	Organizations are not required to use enrollment criteria; adjustments are allowed.
Benefit	Yes	Organizations are not required to use a benefit; adjustments are allowed.
Other	Yes	Organizations may use additional eligible population criteria to focus on a population of interest such as gender, sociodemographic characteristic or geographic region.
CLINICAL COMPONENTS		
Eligible Population	Adjustments Allowed (Yes/No)	Notes
Event/Diagnosis	NA	There is no event/diagnosis for this measure.
Denominator Exclusions	Adjustments Allowed (Yes/No)	Notes
Exclusions	No	Only the specified exclusions may be applied. Value sets may not be changed.
Exclusions: Hospice, Palliative Care, I-SNP, LTI, Frailty or Advanced Illness	Yes	These exclusions are not required. Refer to <i>Exclusions</i> in the <i>Guidelines for the Rules for Allowable Adjustments</i> .
Numerator Criteria	Adjustments Allowed (Yes/No)	Notes
Colorectal Cancer Screening	No	The value sets, direct reference codes and the logic may not be changed.