

HEDIS Volume 2, MY 2022

SUMMARY TABLE OF MEASURES, PRODUCT LINES AND CHANGES

HEDIS MY 2022 Measures	Applicable to:			Changes for HEDIS MY 2022
	Commercial	Medicaid	Medicare	
General Guidelines for Data Collection and Reporting	✓	✓	✓	<ul style="list-style-type: none"> • Updated General Guideline 3: HEDIS Submission for Organizations Seeking Accreditation. • Removed the HEDIS Audit Timeline from <i>General Guideline 9: Audit Preparation</i>. It will be posted online and published in Volume 5, HEDIS Compliance Audit: Standards, Policies and Procedures. • Clarified that “NA” is not an audit designation in <i>General Guideline 10: Reporting</i>. • Clarified the definition of Medicare plans for dual enrollment in <i>General Guideline 15: Members With Dual Enrollment</i>. • Updated the note in <i>General Guideline 30: Data Collection Methods</i> to indicate how to use and report supplemental data for the <i>Transitions of Care</i> measure. • Removed the certified eCQM vendor data definition from <i>General Guideline 31: Supplemental Data</i>. • Clarified in <i>General Guideline 31: Supplemental Data</i> that mail order prescription “shipped date” meets criteria for dispensed date. • Added <i>General Guideline 33: Race and Ethnicity (RES) Stratification</i>; renumbered subsequent guidelines. • Added a note to <i>General Guideline 37: Measures That Use Medication Lists</i> (formerly General Guideline 36). • Updated <i>General Guideline 42: Presentation of Codes in HEDIS</i> (formerly General Guideline 41). • Updated <i>General Guideline 53: Reporting Tables</i> (formerly General Guideline 52) to clarify the format of the restructured data element tables.
Guidelines for Calculations and Sampling	✓	✓	✓	<ul style="list-style-type: none"> • Updated Table 1: Sample Size Information for Hybrid Measures. • Updated the HEDIS MY 2022 RAND Table for Measures Using the Hybrid Method.
Guidelines for Allowable Adjustments of HEDIS	✓	✓	✓	<ul style="list-style-type: none"> • Added <i>Guideline 3: Stratifications for Telehealth Services</i>. Renumbered all subsequent guidelines. • Added a note to <i>Guideline 4: Exclusions</i> to include instructions for Risk Adjusted Utilization measures.

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				<ul style="list-style-type: none"> • Updated <i>Guideline 7: Measurement Period Adjustments</i>. • Updated <i>Guideline 8: Timing Relationships</i>. • Updated <i>Guideline 10: Denominator Size</i> to include instructions for denominator size requirements for the Utilization and Risk-Adjusted Utilization measures. • Revised <i>Guideline 12: Measures With Special Considerations for Allowable Adjustments</i> to remove risk adjusted utilization measures from the list of measures that cannot be adjusted. • Added <i>Guideline 13: Allowable Adjustments to Risk Adjusted Utilization Measures</i>.
EFFECTIVENESS OF CARE				
Guidelines for Effectiveness of Care	✓	✓	✓	<ul style="list-style-type: none"> • Updated the <i>Note for Which Services Count?</i> to indicate how denied claims should be used for Deprescribing of Benzodiazepines in Older Adults.
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC)	✓	✓		<ul style="list-style-type: none"> • Clarified that members in hospice or using hospice services anytime during the measurement year are a required exclusion. • Clarified in the <i>Notes</i> that services rendered during a telephone visit, e-visit or virtual check-in meet criteria for the BMI Percentile indicator. • Revised the Reporting Instructions for the “NumeratorByAdminElig” data element in Table WCC-1/2 to read “For each Metric and Stratification,” to indicate that the value is stratified. • Added required exclusions to the Rules for Allowable Adjustments.
Childhood Immunization Status (CIS)	✓	✓		<ul style="list-style-type: none"> • Clarified that members in hospice or using hospice services anytime during the measurement year are a required exclusion. • Revised optional exclusions for immunocompromising conditions (e.g., immunodeficiency) to be required exclusions. • Revised optional exclusions for anaphylaxis due to vaccine to be numerator compliant for specific indicators. • Updated value sets and logic for the MMR numerator, because single antigen vaccines are no longer used. • Added required exclusions and removed optional exclusions in the Rules for Allowable Adjustments.

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	Commercial	Medicaid	Medicare	
Immunizations for Adolescents (IMA)	✓	✓		<ul style="list-style-type: none"> Clarified that members in hospice or using hospice services anytime during the measurement year are a required exclusion. Revised the optional exclusions for anaphylaxis due to vaccine to be numerator compliant for specific indicators. Clarified in the example for the two-dose HPV vaccination series that the second vaccine must be on or after July 25. Added required exclusions and removed optional exclusions in the Rules for Allowable Adjustments.
Lead Screening in Children (LSC)		✓		<ul style="list-style-type: none"> Clarified that members in hospice or using hospice services anytime during the measurement year are a required exclusion. Added required exclusions to the Rules for Allowable Adjustments.
Breast Cancer Screening (BCS)	✓	✓	✓	<ul style="list-style-type: none"> Clarified that members in hospice or using hospice services anytime during the measurement year are a required exclusion. Clarified in <i>Optional exclusions</i> that unilateral mastectomy and bilateral modifier must be from the same procedure.
Cervical Cancer Screening (CCS)	✓	✓		<ul style="list-style-type: none"> Clarified that members in hospice or using hospice services anytime during the measurement year are a required exclusion.
Colorectal Cancer Screening (COL)	✓		✓	<ul style="list-style-type: none"> 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 <i>Table COL-A-3: Data Elements for Colorectal Cancer Screening</i> to "For each Stratification" to indicate that it is a stratified value. Added new data elements tables for race and ethnicity stratification reporting.
Chlamydia Screening in Women (CHL)	✓	✓		<ul style="list-style-type: none"> Clarified that members in hospice or using hospice services anytime during the measurement year are a required exclusion. Added required exclusions to the Rules for Allowable Adjustments.
Care for Older Adults (COA)			✓ (SNP and MMP only)	<ul style="list-style-type: none"> Removed the Advance Care Planning indicator. Clarified that members in hospice or using hospice services anytime during the measurement year are a required exclusion. Added required exclusions to the Rules for Allowable Adjustments.

4 Summary Table of Measures, Product Lines and Changes

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Appropriate Testing for Pharyngitis (CWP)	✓	✓	✓	<ul style="list-style-type: none"> • Added step 8 to the event/diagnosis. • Clarified that members in hospice or using hospice services anytime during the measurement year are a required exclusion. • Standardized medication names in the medication tables (this change does not impact drugs that are included in the Medication List Directory). • Removed “Dicloxacillin” from the <u>CWP Antibiotics Medications List</u>. • Clarified allowable adjustments to event/diagnosis criteria in the Rules for Allowable Adjustments. • Added required exclusions to the Rules for Allowable Adjustments.
Use of Spirometry Testing in the Assessment and Diagnosis of COPD (SPR)	✓	✓	✓	<ul style="list-style-type: none"> • Clarified that members in hospice or using hospice services anytime during the measurement year are a required exclusion. • Clarified allowable adjustments to event/diagnosis criteria in the Rules for Allowable Adjustments. • Added required exclusions to the Rules for Allowable Adjustments.
Pharmacotherapy Management of COPD Exacerbation (PCE)	✓	✓	✓	<ul style="list-style-type: none"> • Clarified that members in hospice or using hospice services anytime during the measurement year are a required exclusion. • Moved Olodaterol from the “Bronchodilator combinations” description to the “Beta 2-agonists” description in the <u>Bronchodilator Medications List</u>. • Clarified allowable adjustments to event/diagnosis criteria in the Rules for Allowable Adjustments. • Added required exclusions to the Rules for Allowable Adjustments.
Asthma Medication Ratio (AMR)	✓	✓		<ul style="list-style-type: none"> • Clarified that members in hospice or using hospice services anytime during the measurement year are a required exclusion. • Clarified allowable adjustments to event/diagnosis criteria in the Rules for Allowable Adjustments. • Updated the exclusions criteria in the Rules for Allowable Adjustments.
Controlling High Blood Pressure (CBP)	✓	✓	✓	<ul style="list-style-type: none"> • 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. • Updated the Administrative Specification to make it consistent with the Hybrid Specification; replaced the visit type requirement with a visit type exclusion.

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				<ul style="list-style-type: none"> • Clarified in the numerator of the Hybrid Specification that BP readings taken by the member are eligible for use in reporting. • Clarified in the numerator of the Hybrid Specification that ranges and thresholds do not meet criteria. • Clarified in the numerator of the Hybrid Specification that a BP documented as an “average BP” (e.g., “average BP: 139/70”) is eligible for use. • Added new data elements tables for race and ethnicity stratification reporting.
Persistence of Beta-Blocker Treatment After a Heart Attack (PBH)	✓	✓	✓	<ul style="list-style-type: none"> • Corrected the example in the definition of <i>treatment days (covered days)</i>. • Clarified that members in hospice or using hospice services anytime during the measurement year are a required exclusion. • Clarified allowable adjustments to event/diagnosis criteria in the Rules for Allowable Adjustments. • Added required exclusions to the Rules for Allowable Adjustments.
Statin Therapy for Patients With Cardiovascular Disease (SPC)	✓	✓	✓	<ul style="list-style-type: none"> • Clarified that members in hospice or using hospice services anytime during the measurement year are a required exclusion.
Cardiac Rehabilitation (CRE)	✓	✓	✓	<ul style="list-style-type: none"> • Clarified that members in hospice or using hospice services anytime during the measurement year are a required exclusion.
Comprehensive Diabetes Care (CDC)	✓	✓	✓	<ul style="list-style-type: none"> • Separated the indicators into three standalone measures: Hemoglobin A1c Control for Patients With Diabetes (HBD), Blood Pressure Control for Patients With Diabetes (BPD), Eye Exam Performed for Patients With Diabetes (EED). • Retired the “Medical Attention for Nephropathy” indicator for the Medicare product line.
Hemoglobin A1c Control for Patients With Diabetes (HBD)	✓	✓	✓	<ul style="list-style-type: none"> • This measure resulted from the separation of indicators that replaces the former Comprehensive Diabetes Care measure. • Removed the <i>Hemoglobin A1c (HbA1c) Testing</i> indicator. • Clarified that members in hospice or using hospice services any time during the measurement year are a required exclusion. • Added instructions to report rates stratified by race and ethnicity for each product line. • Revised the optional exclusions for polycystic ovarian syndrome, gestational diabetes or steroid-induced diabetes to be required exclusions. • Updated the Hybrid Specification to clarify the rules for sample size reduction.

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				<ul style="list-style-type: none"> • Added new data elements tables for race and ethnicity stratification reporting. • Updated the required exclusions criteria and removed optional exclusions in the Rules for Allowable Adjustments.
Blood Pressure Control for Patients With Diabetes (BPD)	✓	✓	✓	<ul style="list-style-type: none"> • This measure resulted from the separation of indicators that replaces the former Comprehensive Diabetes Care measure. • Clarified that members in hospice or using hospice services anytime during the measurement year are a required exclusion. • Revised the optional exclusions for polycystic ovarian syndrome, gestational diabetes or steroid-induced diabetes to be required exclusions. • Updated the Administrative Specification to make it consistent with the Hybrid Specification; replaced the visit type requirement with a visit type exclusion. • Updated the Hybrid Specification to clarify the rules for sample size reduction. • Clarified in the numerator of the Hybrid Specification that BP readings taken by the member are eligible for use in reporting. • Clarified in the numerator of the Hybrid Specification that ranges and thresholds do not meet criteria. • Clarified in the numerator of the Hybrid Specification that a BP documented as an “average BP” (e.g., “average BP: 139/70”) is eligible for use. • Updated the required exclusions criteria and removed optional exclusions in the Rules for Allowable Adjustments.
Eye Exam for Patients With Diabetes (EED)	✓	✓	✓	<ul style="list-style-type: none"> • This measure resulted from the separation of indicators that replaces the former Comprehensive Diabetes Care measure. • Clarified that members in hospice or using hospice services anytime during the measurement year are a required exclusion. • Revised the optional exclusions for polycystic ovarian syndrome, gestational diabetes or steroid-induced diabetes to be required exclusions. • Updated the Hybrid Specification to clarify the rules for sample size reduction. • Revised the Reporting Instructions for the “NumeratorByAdminElig” data element in Table EED-3: Data Elements for Eye Exam for Patients With Diabetes to “For each Stratification” to indicate that it is a stratified value. • Updated the required exclusions criteria and removed optional exclusions in the Rules for Allowable Adjustments.

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Kidney Health Evaluation for Patients With Diabetes (KED)	✓	✓	✓	<ul style="list-style-type: none"> Clarified that members in hospice or using hospice services anytime during the measurement year are a required exclusion.
Statin Therapy for Patients With Diabetes (SPD)	✓	✓	✓	<ul style="list-style-type: none"> Clarified that members in hospice or using hospice services anytime during the measurement year are a required exclusion. Clarified allowable adjustments to event/diagnosis criteria in the Rules for Allowable Adjustments.
Osteoporosis Management in Women Who Had a Fracture (OMW)			✓	<ul style="list-style-type: none"> Clarified that members in hospice or using hospice services anytime during the measurement year are a required exclusion. Clarified allowable adjustments to event/diagnosis criteria in the Rules for Allowable Adjustments.
Osteoporosis Screening in Older Women (OSW)			✓	<ul style="list-style-type: none"> Clarified that members in hospice or using hospice services anytime during the measurement year are a required exclusion.
Diagnosed Mental Health Disorders (DMH)	✓	✓	✓	<ul style="list-style-type: none"> Revised the measure's name from <i>Mental Health Utilization</i> to <i>Diagnosed Mental Health Disorders</i>. Moved the measure from the Utilization domain to the Effectiveness of Care domain. Revised the measure from a utilization measure to a diagnosed prevalence measure. Changed the measure from a member-months measure to a member-based measure. Combined the "0–12" and "13–17" age stratifications. Removed stratified reporting based on eligibility categories for Medicaid. Clarified that members in hospice or using hospice services anytime during the measurement year are a required exclusion. Removed the service setting stratifications. Removed procedure code requirements from the numerator. Removed mental health practitioner requirements from the numerator. Removed the requirement that the mental health diagnosis must be in the "principal" position. Revised the Rules for Allowable Adjustments.
Antidepressant Medication Management (AMM)	✓	✓	✓	<ul style="list-style-type: none"> Corrected the example in the definition of <i>treatment days</i>. Clarified that members in hospice or using hospice services anytime during the measurement year are a required exclusion.

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				<ul style="list-style-type: none"> • Clarified allowable adjustments to event/diagnosis criteria in the Rules for Allowable Adjustments. • Updated the exclusions criteria in the Rules for Allowable Adjustments.
Follow-Up Care for Children Prescribed ADHD Medication (ADD)	✓	✓		<ul style="list-style-type: none"> • Removed the definition of <i>new episode</i>. • Corrected the example in the definition of <i>treatment days (covered days)</i>. • Updated the time frame for continuous medication treatment to include dispensing events on the IPSD in the count of treatment days. • Revised the optional exclusion for narcolepsy to a required exclusion and updated the Data Element Table to indicate that this exclusion is only reported for Rate 1. • Clarified that members in hospice or using hospice services anytime during the measurement year are a required exclusion. • Clarified allowable adjustments to event/diagnosis criteria in the Rules for Allowable Adjustments. • Added required exclusions and removed optional exclusions in the Rules for Allowable Adjustments. • Removed adjustments to the Continuation and Management Phase in the Rules for Allowable Adjustments.
Follow-Up After Hospitalization for Mental Illness (FUH)	✓	✓	✓	<ul style="list-style-type: none"> • Updated the steps for identifying acute readmission or direct transfer in the event/diagnosis. • Clarified that members in hospice or using hospice services anytime during the measurement year are a required exclusion. • Added psychiatric collaborative care management to the numerator. • Added required exclusions to the Rules for Allowable Adjustments.
Follow-Up After Emergency Department Visit for Mental Illness (FUM)	✓	✓	✓	<ul style="list-style-type: none"> • Clarified that members in hospice or using hospice services anytime during the measurement year are a required exclusion. • Added required exclusions to the Rules for Allowable Adjustments.
Diagnosed Substance Use Disorders (DSU)	✓	✓	✓	<ul style="list-style-type: none"> • Revised the measure's name from <i>Identification of Alcohol and Other Drug Use Services</i> to <i>Diagnosed Substance Use Disorders</i>. • Moved the measure from the Utilization domain to the Effectiveness of Care domain. • Revised the measure from a utilization measure to a diagnosed prevalence measure. • Changed the measure from a member-months measure to a member-based measure.

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				<ul style="list-style-type: none"> Aligned the diagnosis codes in the measure with those used in the Initiation and Engagement of Substance Use Disorder Treatment measure. Removed the service setting stratifications. Collapsed age stratifications to report three age groups and a total group: "13–17," "18–64," "65 and older" and "Total." Removed stratified reporting based on eligibility categories for Medicaid. Clarified that members in hospice or using hospice services anytime during the measurement year are a required exclusion. Removed procedure code requirements from the numerator. Revised the Rules for Allowable Adjustments section.
Follow-Up After High Intensity Care for Substance Use Disorder (FUI)	✓	✓	✓	<ul style="list-style-type: none"> Clarified that members in hospice or using hospice services anytime during the measurement year are a required exclusion. Restructured the numerator logic and value sets. Added required exclusions to the Rules for Allowable Adjustments.
Follow-Up After Emergency Department Visit for Substance Use (FUA)	✓	✓	✓	<ul style="list-style-type: none"> Revised the measure name from <i>Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence</i> to <i>Follow-Up After Emergency Department Visit for Substance Use</i>. Revised terminology from "alcohol or other drug abuse or dependence (AOD)" to "substance use" or substance use disorder (SUD)." Clarified that members in hospice or using hospice services anytime during the measurement year are a required exclusion. Added a pharmacy benefit requirement. Added ED visits with a diagnosis of unintentional and undetermined drug overdose to the denominator. Revised and restructured the numerator logic and value sets. Added required exclusions in the Rules for Allowable Adjustments.
Pharmacotherapy for Opioid Use Disorder (POD)	✓	✓	✓	<ul style="list-style-type: none"> Clarified that members in hospice or using hospice services anytime during the measurement year are a required exclusion. Clarified in step 4 of the event/diagnosis to count overlapping direct transfer days only once and added an example. Added required exclusions to the Rules for Allowable Adjustments.

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Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications (SSD)		✓		<ul style="list-style-type: none"> • Clarified that members in hospice or using hospice services anytime during the measurement year are a required exclusion. • Updated the exclusions criteria in the Rules for Allowable Adjustments.
Diabetes Monitoring for People With Diabetes and Schizophrenia (SMD)		✓		<ul style="list-style-type: none"> • Clarified that members in hospice or using hospice services anytime during the measurement year are a required exclusion. • Added required exclusions to the Rules for Allowable Adjustments.
Cardiovascular Monitoring for People With Cardiovascular Disease and Schizophrenia (SMC)		✓		<ul style="list-style-type: none"> • Clarified that members in hospice or using hospice services anytime during the measurement year are a required exclusion. • Added required exclusions to the Rules for Allowable Adjustments.
Adherence to Antipsychotic Medications for Individuals With Schizophrenia (SAA)	✓	✓	✓	<ul style="list-style-type: none"> • Clarified that members in hospice or using hospice services anytime during the measurement year are a required exclusion. • Replaced language specific to “J codes or NDCs” with generic language as the value sets and medications lists are not limited to these codes. • Clarified allowable adjustments to event/diagnosis criteria in the Rules for Allowable Adjustments. • Updated the exclusions criteria in the Rules for Allowable Adjustments. • Clarified allowable adjustments to numerator criteria in the Rules for Allowable Adjustments.
Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM)	✓	✓		<ul style="list-style-type: none"> • Clarified that members in hospice or using hospice services anytime during the measurement year are a required exclusion. • Added required exclusions to the Rules for Allowable Adjustments.
Advance Care Planning (ACP)			✓	<ul style="list-style-type: none"> • This is a first-year measure.
Transitions of Care (TRC)			✓	<ul style="list-style-type: none"> • Clarified that members in hospice or using hospice services anytime during the measurement year are a required exclusion. • Added physician assistant as an appropriate provider type to perform a medication reconciliation for the Medication Reconciliation Post-Discharge indicator. • Clarified in the <i>Notes</i> that documentation of “post-op/surgery follow-up” without a reference to “hospitalization,” “admission” or “inpatient stay” does not meet criteria for the fifth bullet of the Medication Reconciliation Post-Discharge indicator.

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				<ul style="list-style-type: none"> Revised the Reporting Instructions for the "NumeratorByAdminElig" data element in Table TRC-3: Data Elements for Transitions of Care to "For each Metric and Stratification" to indicate that it is a stratified value. Added required exclusions to the Rules for Allowable Adjustments. Clarified allowable adjustments to the numerator criteria in the Rules for Allowable Adjustments.
Follow-Up After Emergency Department Visit for People With Multiple High-Risk Chronic Conditions (FMC)			✓	<ul style="list-style-type: none"> Clarified that members in hospice or using hospice services anytime during the measurement year are a required exclusion. Added required exclusions to the Rules for Allowable Adjustments.
Non-Recommended Cervical Cancer Screening in Adolescent Females (NCS)	✓	✓		<ul style="list-style-type: none"> Clarified that members in hospice or using hospice services anytime during the measurement year are a required exclusion. Updated the exclusions criteria in the Rules for Allowable Adjustments.
Non-Recommended PSA-Based Screening in Older Men (PSA)			✓	<ul style="list-style-type: none"> Clarified that members in hospice or using hospice services anytime during the measurement year are a required exclusion. Updated the exclusions criteria in the Rules for Allowable Adjustments.
Appropriate Treatment for Upper Respiratory Infection (URI)	✓	✓	✓	<ul style="list-style-type: none"> Clarified that members in hospice or using hospice services anytime during the measurement year are a required exclusion. Replaced all references to "<u>CWP Antibiotic Medications List</u>" with "<u>AAB Antibiotic Medications List</u>." Standardized medication names in the medication tables (this change does not impact drugs that are included in the Medication List Directory). Added required exclusions to the Rules for Allowable Adjustments.
Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis (AAB)	✓	✓	✓	<ul style="list-style-type: none"> Clarified that members in hospice or using hospice services anytime during the measurement year are a required exclusion. Standardized medication names in the medication tables (this change does not impact drugs that are included in the Medication List Directory). Added required exclusions to the Rules for Allowable Adjustments.
Use of Imaging Studies for Low Back Pain (LBP)	✓	✓	✓	<ul style="list-style-type: none"> Added the Medicare product line. Expanded the age range to increase the upper age limit to 75 years. Added age stratifications.

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				<ul style="list-style-type: none"> • Added required exclusions for osteoporosis, lumbar surgery, spondylopathy, fragility fractures and palliative care. • Clarified that members in hospice or using hospice services anytime during the measurement year are a required exclusion. • Added exclusions for members with advanced illness and frailty. • Updated the exclusions criteria in the Rules for Allowable Adjustments.
Potentially Harmful Drug-Disease Interactions in Older Adults (DDE)			✓	<ul style="list-style-type: none"> • Clarified that members in hospice or using hospice services anytime during the measurement year are a required exclusion. • Standardized medication names in the medication tables (this change does not impact drugs that are included in the Medication List Directory).
Use of High-Risk Medications in Older Adults (DAE)			✓	<ul style="list-style-type: none"> • Clarified that members in hospice or using hospice services anytime during the measurement year are a required exclusion. • Standardized medication names in the medication tables (this change does not impact drugs that are included in the Medication List Directory).
Deprescribing of Benzodiazepines in Older Adults (DBO)			✓	<ul style="list-style-type: none"> • This is a first-year measure.
Use of Opioids at High Dosage (HDO)	✓	✓	✓	<ul style="list-style-type: none"> • Clarified that members in hospice or using hospice services anytime during the measurement year are a required exclusion.
Use of Opioids From Multiple Providers (UOP)	✓	✓	✓	<ul style="list-style-type: none"> • Clarified that members in hospice or using hospice services anytime during the measurement year are a required exclusion. • Added required exclusions to the Rules for Allowable Adjustments.
Risk of Continued Opioid Use (COU)	✓	✓	✓	<ul style="list-style-type: none"> • Clarified that members in hospice or using hospice services anytime during the measurement year are a required exclusion.
Medicare Health Outcomes Survey (HOS)			✓	<ul style="list-style-type: none"> • This measure is collected using survey methodology. Detailed specifications and summary of changes are contained in <i>HEDIS Volume 6: Specifications for the Medicare Health Outcomes Survey</i>.
Fall Risk Management (FRM)			✓	<ul style="list-style-type: none"> • This measure is collected using survey methodology. Detailed specifications and summary of changes are contained in <i>HEDIS Volume 6: Specifications for the Medicare Health Outcomes Survey</i>.

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Management of Urinary Incontinence in Older Adults (MUI)			✓	<ul style="list-style-type: none"> This measure is collected using survey methodology. Detailed specifications and summary of changes are contained in <i>HEDIS Volume 6: Specifications for the Medicare Health Outcomes Survey</i>.
Physical Activity in Older Adults (PAO)			✓	<ul style="list-style-type: none"> This measure is collected using survey methodology. Detailed specifications and summary of changes are contained in <i>HEDIS Volume 6: Specifications for the Medicare Health Outcomes Survey</i>.
Flu Vaccinations for Adults Ages 18-64 (FVA)	✓	✓		<ul style="list-style-type: none"> No changes to this measure.
Flu Vaccinations for Adults Ages 65 and Older (FVO)			✓	<ul style="list-style-type: none"> No changes to this measure.
Medical Assistance With Smoking and Tobacco Use Cessation (MSC)	✓	✓	✓	<ul style="list-style-type: none"> No changes to this measure.
Pneumococcal Vaccination Status for Older Adults (PNU)			✓	<ul style="list-style-type: none"> No changes to this measure.
ACCESS/AVAILABILITY OF CARE				
Guidelines for Access/ Availability of Care				<ul style="list-style-type: none"> No changes to these guidelines.
Adults' Access to Preventive/ Ambulatory Health Services (AAP)	✓	✓	✓	<ul style="list-style-type: none"> Clarified that members in hospice or using hospice services anytime during the measurement year are a required exclusion. Added required exclusions to the Rules for Allowable Adjustments.
Annual Dental Visit (ADV)		✓		<ul style="list-style-type: none"> Clarified that members in hospice or using hospice services anytime during the measurement year are a required exclusion. Added required exclusions to the Rules for Allowable Adjustments.
Initiation and Engagement of Substance Use Disorder Treatment (IET)	✓	✓	✓	<ul style="list-style-type: none"> Replaced "alcohol and other drug (AOD)" references with "substance use disorder (SUD)." Changed the start of the Intake Period to November 15 of the year prior to the measurement year. Changed from a member-based measure to an SUD diagnosis episode-based measure. Revised the age stratifications.

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	Commercial	Medicaid	Medicare	
				<ul style="list-style-type: none"> • Revised the negative diagnosis history from 60 days to 194 days. • Added a Negative Medication History to the denominator. • Revised the Continuous Enrollment criteria from 108 days to 242 days. • Clarified that members in hospice or using hospice services any time during the measurement year are a required exclusion. • Revised the numerator criteria for Initiation of SUD Treatment and Engagement of SUD Treatment. • Added an <i>Other</i> section to the Rules for Allowable Adjustments. • Clarified allowable adjustments to event/diagnosis criteria in the Rules for Allowable Adjustments. • Added required exclusions to the Rules for Allowable Adjustments.
Prenatal and Postpartum Care (PPC)	✓	✓		<ul style="list-style-type: none"> • Added instructions to report rates stratified by race and ethnicity for each product line. • Removed the definition of <i>last enrollment segment</i> and clarified continuous enrollment requirements for steps 1 and 2 of the Timeliness of Prenatal Care numerator. • Clarified that members in hospice or using hospice services anytime during the measurement year are a required exclusion. • Clarified that services provided during a telephone visit, e-visit or virtual check-in may be used for Administrative and Hybrid collection methods. • Added required exclusions to the Rules for Allowable Adjustments. • Added new data elements tables for race and ethnicity stratification reporting.
Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics (APP)	✓	✓		<ul style="list-style-type: none"> • Clarified that members in hospice or using hospice services anytime during the measurement year are a required exclusion. • Updated the exclusions criteria in the Rules for Allowable Adjustments.

HEDIS MY 2022 Measures	Applicable to:			Changes for HEDIS MY 2022
	Commercial	Medicaid	Medicare	
EXPERIENCE OF CARE				
CAHPS Health Plan Survey 5.1H, Adult Version (CPA)	✓	✓		<ul style="list-style-type: none"> This measure is collected using survey methodology. Detailed specifications and summary of changes are contained in <i>HEDIS Volume 3: Specifications for Survey Measures</i>.
CAHPS Health Plan Survey 5.1H, Child Version (CPC)		✓		<ul style="list-style-type: none"> This measure is collected using survey methodology. Detailed specifications and summary of changes are contained in <i>HEDIS Volume 3: Specifications for Survey Measures</i>.
Children With Chronic Conditions (CCC)		✓		<ul style="list-style-type: none"> This measure is collected using survey methodology. Detailed specifications and summary of changes are contained in <i>HEDIS Volume 3: Specifications for Survey Measures</i>.
UTILIZATION AND RISK ADJUSTED UTILIZATION				
Guidelines for Utilization	✓	✓	✓	<ul style="list-style-type: none"> Added the Antibiotic Utilization for Respiratory Conditions (ABX) measure to <i>General Guideline 2: Continuous enrollment criteria</i>. Removed stratified reporting using Medicaid eligibility categories. Updated the guidelines to indicate that IDSS produces data in member years format for all product lines and removed instructions for reporting visits and discharges by member months. Removed General Guideline 7: Medicaid eligibility reporting categories and General Guideline 10: Calculating member years and renumbered subsequent guidelines. Revised <i>General Guideline 8: Calculating member months</i> to align with the reformatting of the Data Elements for Reporting tables.
Well-Child Visits in the First 30 Months of Life (W30)	✓	✓		<ul style="list-style-type: none"> Clarified that members in hospice or using hospice services anytime during the measurement year are a required exclusion. Added required exclusions to the Rules for Allowable Adjustments. Added well-care visit stratifications to the Rules for Allowable Adjustments.
Child and Adolescent Well-Care Visits (WCV)	✓	✓		<ul style="list-style-type: none"> Added a <i>Note</i> in the Description to clarify that the Guidelines for Effectiveness of Care Measures should be used when calculating this measure. 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.

HEDIS MY 2022 Measures	Applicable to:			Changes for HEDIS MY 2022
	Commercial	Medicaid	Medicare	
				<ul style="list-style-type: none"> • Added new data elements tables for race and ethnicity stratification reporting. • Added required exclusions to the Rules for Allowable Adjustments.
Frequency of Selected Procedures (FSP)	✓	✓	✓	<ul style="list-style-type: none"> • Clarified that members in hospice or using hospice services anytime during the measurement year are a required exclusion. • Updated the “Member Months” definition in the <i>Calculations</i> section to indicate that IDSS produces member years data for all product lines. • Clarified the clinical components headers in the Rules for Allowable Adjustments. • Added required exclusions to the Rules for Allowable Adjustments. • Clarified allowable adjustments to the calculations criteria in the Rules for Allowable Adjustments.
Ambulatory Care (AMB)		✓		<ul style="list-style-type: none"> • Clarified that members in hospice or using hospice services anytime during the measurement year are a required exclusion. • Removed stratified reporting by Medicaid eligibility category. • Updated the “Member Months” definition in Calculations to indicate that IDSS produces member years data for all product lines. • Clarified in the Note that supplemental data may not be used for the mental health and chemical dependency required exclusion. • Clarified the clinical components headers in the Rules for Allowable Adjustments. • Added required exclusions to the Rules for Allowable Adjustments. • Clarified allowable adjustments to the calculations criteria in the Rules for Allowable Adjustments.
Inpatient Utilization—General Hospital/Acute Care (IPU)		✓		<ul style="list-style-type: none"> • Clarified that members in hospice or using hospice services anytime during the measurement year are a required exclusion. • Removed stratified reporting by Medicaid eligibility category. • Updated the “Member Months” definition in Calculations to indicate that IDSS produces member years data for all product lines. • Clarified the clinical components headers in the Rules for Allowable Adjustments. • Added required exclusions to the Rules for Allowable Adjustments. • Clarified allowable adjustments to the calculations criteria in the Rules for Allowable Adjustments.

HEDIS MY 2022 Measures	Applicable to:			Changes for HEDIS MY 2022
	Commercial	Medicaid	Medicare	
Antibiotic Utilization for Respiratory Conditions (AXR)	✓	✓	✓	<ul style="list-style-type: none"> This is a first-year measure.
Guidelines for Risk Adjusted Utilization	✓	✓	✓	<ul style="list-style-type: none"> Added instructions to Guideline 1 for confirming ED visits that do not result in an observation stay. Added instructions to Guideline 5 for identifying admissions dates for observation stays without a recorded admission date.
Plan All-Cause Readmissions (PCR)	✓	✓	✓	<ul style="list-style-type: none"> Clarified that members in hospice or using hospice services anytime during the measurement year are a required exclusion. Added Rules for Allowable Adjustments of HEDIS.
Hospitalization Following Discharge from a Skilled Nursing Facility (HFS)			✓	<ul style="list-style-type: none"> Clarified that members in hospice or using hospice services anytime during the measurement year are a required exclusion. Added Rules for Allowable Adjustments of HEDIS.
Acute Hospital Utilization (AHU)	✓		✓	<ul style="list-style-type: none"> Removed surgery and medicine stratifications. Added a definition for <i>Planned Hospital Stay</i>. Clarified that members in hospice or using hospice services anytime during the measurement year are a required exclusion. Updated step 3 of the Calculation of Observed Events to specify that diagnoses must be found on the discharge claim. Added an exclusion to step 3 of Calculation of Observed Events to exclude planned hospital stays. Removed steps 6 and 7 from Calculation of Observed Events. Added calculation instructions for the O/E ratio. Added Rules for Allowable Adjustments of HEDIS.
Emergency Department Utilization (EDU)	✓		✓	<ul style="list-style-type: none"> Clarified that members in hospice or using hospice services anytime during the measurement year are a required exclusion. Added calculation instructions for the O/E ratio. Added Rules for Allowable Adjustments of HEDIS.

HEDIS MY 2022 Measures	Applicable to:			Changes for HEDIS MY 2022
	Commercial	Medicaid	Medicare	
Hospitalization for Potentially Preventable Complications (HPC)			✓	<ul style="list-style-type: none"> • Clarified that members in hospice or using hospice services anytime during the measurement year are a required exclusion. • Added calculation instructions for the O/E ratio. • Added Rules for Allowable Adjustments of HEDIS.
HEALTH PLAN DESCRIPTIVE INFORMATION				
Enrollment by Product Line (ENP)	✓	✓	✓	<ul style="list-style-type: none"> • Removed stratified reporting by Medicaid eligibility category.
Language Diversity of Membership (LDM)	✓	✓	✓	<ul style="list-style-type: none"> • Updated the <i>Note</i> after Table LDM-B-1/2/3: Preferred Language Data.
Race/Ethnicity Diversity of Membership (RDM)	✓	✓	✓	<ul style="list-style-type: none"> • Updated the measure to align with and reference <i>General Guideline 33: Race and Ethnicity (RES) Stratification</i>. • Replaced detailed definitions of reporting categories with reference to General Guideline 33. • Replaced tables RDM-A-1 (CMS Categories Crosswalked to HEDIS/OMB Race and Ethnicity) and RDM-A-2 (Combined Categories Crosswalked to HEDIS/OMB Race and Ethnicity) with reference to corresponding General Guideline 33 tables (RES-A-1/2/3 and RES-B-1/2/3, respectively). • Updated “Declined” category label to “Asked but No Answer” to align with category labels in General Guideline 33. • Updated Reporting Category notes to align with corresponding notes in General Guideline 33.
MEASURES REPORTED USING ELECTRONIC CLINICAL DATA SYSTEMS				
Guidelines for Measures Reported Using ECDS	✓	✓	✓	<ul style="list-style-type: none"> • Added a disclaimer to the Description (formerly Guideline 8: Disclaimer for HEDIS Digital Measure Specifications). • Switched the placement of Guideline 2 and Guideline 3. • Updated the definition of QDE in Guideline 2: HEDIS Definitions and Requirements for ECDS Reporting. • Added definitions for FHIR and Resources in Guideline 2: HEDIS Definitions and Requirements for ECDS Reporting. • Removed the definition of QDM from Guideline 2: HEDIS Definitions and Requirements for ECDS Reporting.

HEDIS MY 2022 Measures	Applicable to:			Changes for HEDIS MY 2022
	Commercial	Medicaid	Medicare	
				<ul style="list-style-type: none"> Updated Electronic Method in Guideline 3: Data Collection Methods. Updated the “Member-reported data” definition in <i>Guideline 4: Types of ECDS Data</i>. Updated Guideline 6: HEDIS Digital Measure Format. Updated Guideline 7: Presentation of Codes in HEDIS Digital Measures.
Childhood Immunization Status (CIS-E)	✓	✓		<ul style="list-style-type: none"> This is the first year the measure is reported using ECDS.
Immunizations for Adolescents (IMA-E)	✓	✓		<ul style="list-style-type: none"> This is the first year the measure is reported using ECDS. Updated the logic for the measure to be expressed in FHIR. Refer to the <i>Technical Release Notes</i> file in the Digital Measures Package for a comprehensive list of changes.
Breast Cancer Screening (BCS-E)	✓	✓	✓	<ul style="list-style-type: none"> Updated the logic for the measure to be expressed in FHIR. Refer to the <i>Technical Release Notes</i> file in the Digital Measures Package for a comprehensive list of changes.
Colorectal Cancer Screening (COL-E)	✓		✓	<ul style="list-style-type: none"> 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 <i>Technical Release Notes</i> file in the Digital Measures Package for a comprehensive list of changes.
Follow-Up Care for Children Prescribed ADHD Medication (ADD-E)	✓	✓		<ul style="list-style-type: none"> Updated the logic for the measure to be expressed in FHIR. Refer to the <i>Technical Release Notes</i> file in the Digital Measures Package for a comprehensive list of changes. Clarified allowable adjustments to event/diagnosis criteria in the Rules for Allowable Adjustments. Removed adjustments to the Continuation and Management Phase in the Rules for Allowable Adjustments.
Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM-E)	✓	✓		<ul style="list-style-type: none"> This is the first year the measure is reported using ECDS. Updated the logic for the measure to be expressed in FHIR. Refer to the <i>Technical Release Notes</i> file in the Digital Measures Package for a comprehensive list of changes.

HEDIS MY 2022 Measures	Applicable to:			Changes for HEDIS MY 2022
	Commercial	Medicaid	Medicare	
Depression Screening and Follow-Up for Adolescents and Adults (DSF-E)	✓	✓	✓	<ul style="list-style-type: none"> Updated the logic for the measure to be expressed in FHIR. Refer to the <i>Technical Release Notes</i> file in the Digital Measures Package for a comprehensive list of changes.
Utilization of the PHQ-9 to Monitor Depression Symptoms for Adolescents and Adults (DMS-E)	✓	✓	✓	<ul style="list-style-type: none"> Updated the logic for the measure to be expressed in FHIR. Refer to the <i>Technical Release Notes</i> file in the Digital Measures Package for a comprehensive list of changes.
Depression Remission or Response for Adolescents and Adults (DRR-E)	✓	✓	✓	<ul style="list-style-type: none"> Updated the logic for the measure to be expressed in FHIR. Refer to the <i>Technical Release Notes</i> file in the Digital Measures Package for a comprehensive list of changes.
Unhealthy Alcohol Use Screening and Follow-Up (ASF-E)	✓	✓	✓	<ul style="list-style-type: none"> Updated the logic for the measure to be expressed in FHIR. Refer to the <i>Technical Release Notes</i> file in the Digital Measures Package for a comprehensive list of changes.
Adult Immunization Status (AIS-E)	✓	✓	✓	<ul style="list-style-type: none"> Updated the logic for the measure to be expressed in FHIR. Removed the collection of the “Initial Population” data element by SSoR in the Data Elements for Reporting tables. Refer to the <i>Technical Release Notes</i> file in the Digital Measures Package for a comprehensive list of changes.
Prenatal Immunization Status (PRS-E)	✓	✓		<ul style="list-style-type: none"> Updated the logic for the measure to be expressed in FHIR. Refer to the <i>Technical Release Notes</i> file in the Digital Measures Package for a comprehensive list of changes.
Prenatal Depression Screening and Follow-Up (PND-E)	✓	✓		<ul style="list-style-type: none"> Updated the logic for the measure to be expressed in FHIR. Refer to the <i>Technical Release Notes</i> file in the Digital Measures Package for a comprehensive list of changes.
Postpartum Depression Screening and Follow-Up (PDS-E)	✓	✓		<ul style="list-style-type: none"> Updated the logic for the measure to be expressed in FHIR. Refer to the <i>Technical Release Notes</i> file in the Digital Measures Package for a comprehensive list of changes.