

TO: Interested Parties
FROM: Cindy Ottone, Director, Policy
DATE: November 2022
RE: HEDIS^{®1} MY 2022 Measure Trending Determinations: Updated the Colorectal Cancer Screening Measure

This memo has been updated to include edits to the Colorectal Cancer Screening (COL) measure. After review, we determined that a caution flag is needed for the 50–75 age stratification. Detailed changes from the previous version of the memo, released in June, are highlighted below.

This memo communicates trending determinations for measures in the HEDIS MY 2022 Volume 2 Technical Specifications that will be reported publicly. Determinations should be considered during the audit review process, particularly for validating and benchmarking performance. Keep in mind that NCQA does not publicly report first-year measures or measures determined to have first-year status.

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

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

Trending Determinations by Measure

The following measures had revisions for HEDIS MY 2022 that may affect trending. For these measures, we recommend:

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

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

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Colorectal Cancer Screening (COL)

Change:

- Revised the age range from 50–75 years of age to 45–75 years of age.
- Added age stratifications.

Anticipated Trending Determination: Break in trending for the commercial and Medicare product lines for the total rate due to the expansion of the age criteria from 50–75 to 45–75 years. A new indicator key has been issued for the total rate.

Add a caution flag to the 50–75 age stratification for commercial and Medicare product lines, due to the addition of members who turn 50 during the measurement year to this stratification.

Appropriate Testing for Pharyngitis (CWP)

Change:

- Added step 8 to the event/diagnosis.

Anticipated Trending Determination: Add caution flag to all product lines due to the addition of step 8 in the event/diagnosis criteria. This step was inadvertently removed for MY 2021.

Diagnosed Mental Health Disorders (DMH)

Change:

- Revised the measure’s name from *Mental Health Utilization* to *Diagnosed Mental Health Disorders*.
- 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 any time 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.

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

* The DMH measure was revised from the former MPT measure. During its development, the indicators underwent major changes in MY 2022 and are not comparable to the parent indicators in the original MPT measure. The break recommended in this memo is severe enough that we will issue new indicator keys (the unique identifier for rates used across HEDIS data collection systems and reports) and will not provide links back to the original DMH indicator.

Diagnosed Substance Use Disorders (DSU)

Change:

- Revised the measure's name from *Identification of Alcohol and Other Drug Use Services* to *Diagnosed Substance Use Disorders*.
- 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.
- 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 any time during the measurement year are a required exclusion.
- Removed procedure code requirements from the numerator.

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

* The DSU measure was revised from the former IAD measure. During its development, the indicators underwent major changes in MY 2022 and are not comparable to the parent indicators in the original IAD measure. The break recommended in this memo is severe enough that we will issue new indicator keys (the unique identifier for rates used across HEDIS data collection systems and reports) and will not provide links back to the original IAD indicator.

Follow-Up After Emergency Department Visit for Substance Use (FUA)

Change:

- Revised the measure name from *Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence* to *Follow-Up After Emergency Department Visit for Substance Use*.
- 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 any time 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.

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

Use of Imaging Studies for Low Back Pain (LBP)

Change:

- Expanded the age range to increase the upper age limit to 75 years.
- Added required exclusions for osteoporosis, lumbar surgery, spondylopathy, fragility fractures and palliative care.
- Added exclusions for members with advanced illness and frailty.

Anticipated Trending Determination: **Break in trending for the commercial and Medicaid product lines** due to increasing the upper age limit and adding new exclusions.

Initiation and Engagement of Substance Use Disorder Treatment (IET)

Change:

- 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.
- Revised the negative diagnosis history from 60 days to 194 days.
- Added 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.

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

* During development of IET for MY 2022, the indicators underwent major changes and are not comparable to the parent indicators in the IET measure in MY 2021. The break recommended in this memo is severe enough that we will issue new indicator keys (the unique identifier for rates used across HEDIS data collection systems and reports) and will not provide links back to the original IET indicator.

Prenatal and Postpartum Care (PPC)

Change: Removed the definition of last enrollment segment and clarified continuous enrollment requirements for steps 1 and 2 of the Timeliness of Prenatal Care numerator.

Anticipated Trending Determination: **Caution flag for all product lines** for the Timeliness of Prenatal Care numerator due to changes to the continuous enrollment requirements for steps 1 and 2 of the numerator.

Frequency of Selected Procedures (FSP)

Change: Updated the “Member Months” definition in the Calculations section to indicate that IDSS produces member years data for all product lines.

Anticipated Trending Determination: **Break in trending** for the Medicaid product line due to the change from member months to member years.

Note: Organizations that want to trend data to MY 2022 may multiply rates prior to MY 2022 by 12.

Ambulatory Care (AMB)

Change: Updated the “Member Months” definition in Calculations to indicate that IDSS produces member years data for all product lines.

Anticipated Trending Determination: **Break in trending** due to the change from member months to member years.

Note: For the Medicaid product line, organizations that want to trend data to MY 2022 may multiply rates prior to MY 2022 by 12.

Inpatient Utilization—General Hospital/Acute Care (IPU)

Change: Updated the “Member Months” definition in Calculations to indicate that IDSS produces member years data for all product lines.

Anticipated Trending Determination: **Break in trending** due to the change from member months to member years.

Note: For the Medicaid product line, organizations that want to trend data to MY 2022 may multiply rates prior to MY 2022 by 12.

Acute Hospital Utilization (AHU)

Change:

- Removed the surgery and medicine stratifications.
- Added a definition for Planned Hospital Stay.
- 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.

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

Note: The information in this document is for information only; final determinations will be released in Quality Compass.