

April 5, 2023

Dear Colleague:

NCQA presents the *HEDIS^{®1} Measurement Year (MY) 2023 Volume 2: Technical Update*, which contains corrections, policy changes and clarifications to the *HEDIS MY 2023 Volume 2 Technical Specifications*. With this release, NCQA freezes the Volume 2 technical specifications for MY 2023.

The National Kidney Foundation-American Society of Nephrology Task Force on Reassessing the Inclusion of Race in Diagnosing Kidney Disease published a recommendation in September 2021 that included a new equation for estimated glomerular filtration rate (eGFR) without the race variable. In response to this recommendation, equations for eGFR with the race variable were removed from the Kidney Health Evaluation for Patients With Diabetes (KED) measure. These changes are reflected in updates to the [Estimated Glomerular Filtration Rate Lab Test Value Set](#) used when reporting the measure's numerator.

The final versions of the Digital Measure Packages, Medication List Directory (MLD), Value Set Directory (VSD) and Risk Adjustment Tables for MY 2023 reporting are available in the NCQA Store.

- **Obtaining the Digital Measure Packages.** The updated HEDIS MY 2023 digital measure packages are available for download by customers that previously purchased them. Go to the [My 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 2023 MLD, available for download. Order it for free from the [NCQA Store](#).
- **Obtaining the Risk Adjustment Tables.** The MY 2023 Risk Adjustment Tables are available for download. Order them for free from the [NCQA Store](#).
- **Obtaining the updated VSD.** Changes to codes and value sets have been incorporated in the MY 2023 VSD, available for download by customers with access to the HEDIS MY 2023 Volume 2 e-pub. Go to the [My Downloads](#) section of [My NCQA](#) and download the *MY 2023 Volume 2 (epub)* zipped folder, which contains the updated *MY 2023 Volume 2 Value Set Directories (.xlsx)* file.

The [HEDIS Audit Timeline for MY 2023](#) is available on the NCQA website.

Changes listed in this document are required for HEDIS MY 2023 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 If information in this memo contradicts a previous [My NCQA](#) system response, then the response is obsolete.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](#). We wish everyone a successful HEDIS data collection season!

Sincerely,

Cindy Ottone, MHA
Director, Performance Measurement

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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 2023 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
20	General Guideline 16	Deceased Members—Note	Replace the fourth bullet with the following text: <ul style="list-style-type: none"> • <i>This is a member-level exclusion. For episode-based measures, remove all member events/episodes from the measure.</i>
24	General Guideline 26	HEDIS Reporting Date—Note	Replace “June 1, 2024” with “May 31, 2024.”
28	General Guideline 29	Supplemental Data—NCQA DAV data	Replace the last two paragraphs with the following text: Unvalidated data streams included by NCQA-validated DAV entities must be validated by the auditor following the nonstandard supplemental data guidelines before use for HEDIS reporting. The auditor may not perform PSV on any validated data stream.
32	General Guideline 31	Race and Ethnicity Stratification—Determining race reporting category—Notes	Replace the second bullet with the following text: <ul style="list-style-type: none"> • The “Unknown” category is only reported using unknown data.
33	General Guideline 31	Race and Ethnicity Stratification—Determining ethnicity reporting category—Notes	Replace the second bullet with the following text: <ul style="list-style-type: none"> • The “Unknown” category is only reported using unknown data.
33	General Guideline 31	Race and Ethnicity Stratification—Data source	Replace the first three paragraphs with the following text: Approved data sources include data collected directly from members, data obtained through indirect methods, or in cases where the race or ethnicity value is Unknown, unknown source. NCQA strongly encourages plans to report directly collected data when available and emphasizes the importance of improving completeness of directly collected member race and ethnicity data. For each measure with the race and ethnicity stratification, plans will report each race and ethnicity value by data source. Plans will report the number of members in the eligible population from direct, indirect and unknown data sources, and the number of members in the numerator from direct, indirect and unknown data sources. IDSS will calculate the total number of members in the eligible population and numerator (combining direct, indirect and unknown data sources). Supplemental data may be used as a data source for the race and ethnicity stratification.

Page	Measure/Guideline	Head/Subtitle	Update						
34	General Guideline 31	Race and Ethnicity Stratification—Data source	Add the following text as a new data source definition under the “Indirect data” definition: Unknown data When the reported category value for race or for ethnicity is Unknown, the source must be recorded as unknown data source. The Unknown data source may only be used for race or ethnicity category values reported as “Unknown.”						
36	General Guideline 31	Race and Ethnicity Stratification—Note	Replace the last bullet with the following text: <ul style="list-style-type: none"> • Race and ethnicity data may come from different categories of data source (direct, indirect, unknown). In such cases, use the data source that applies to the data element (race, ethnicity). If the same data element is received from two different data sources, prioritize data sources based on the second bullet above. 						
36	General Guideline 32	Medicare Socioeconomic Status Stratification—SES stratification	Delete the third bullet, which reads: <ul style="list-style-type: none"> • Hemoglobin A1c Control for Patients with Diabetes. 						
36	General Guideline 32	Medicare Socioeconomic Status Stratification—SES stratification	Add the following text as the fourth bullet: <ul style="list-style-type: none"> • Plan All-Cause Readmissions. 						
40	General Guideline 37	Identifying Events/Diagnoses Using Laboratory or Pharmacy Data	Replace the first paragraph with the following text: Many organizations find a high rate of false positives when they use laboratory data to identify members with a disease or condition. Diagnosis codes are frequently reported on laboratory tests in cases where a condition is being ruled out. Use laboratory claims and data only for the <u>Automated Eye Exam Value Set</u> , the <u>Pregnancy Tests Value Set</u> and the <u>Sexual Activity Value Set</u> (which do not contain LOINC codes), and for value sets that contain LOINC codes.						
90	Immunizations for Adolescents	Hybrid Specification—Numerators	Replace the text in the numerator with the following text: For meningococcal and HPV, count either of the following: <ul style="list-style-type: none"> • Evidence of the antigen or combination vaccine. • Anaphylaxis due to the vaccine. For Tdap, count any of the following: <ul style="list-style-type: none"> • Evidence of the antigen or combination vaccine. • Anaphylaxis due to the vaccine. • Encephalitis due to the vaccine. 						
100	Cervical Cancer Screening	Table CCS-1/2: Data Elements for Cervical Cancer Screening	Add the following rows underneath the “ExclusionValidDataErrors” row: <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">ExclusionEmployeeOrDep</td> <td style="width: 20%;">Report once</td> <td style="width: 30%;"></td> </tr> <tr> <td>OversampleRecsAdded</td> <td>Report once</td> <td></td> </tr> </table>	ExclusionEmployeeOrDep	Report once		OversampleRecsAdded	Report once	
ExclusionEmployeeOrDep	Report once								
OversampleRecsAdded	Report once								

Page	Measure/Guideline	Head/Subtitle	Update
103	Colorectal Cancer Screening	Eligible Population—Ages	Replace the first and second bullet with the following text: <ul style="list-style-type: none"> • 46–50 years. • 51–75 years.
107-108	Colorectal Cancer Screening	Table COL-A-1: Data Elements for Colorectal Cancer Screening Table COL-A-2: Data Elements for Colorectal Cancer Screening Table COL-A-3: Data Elements for Colorectal Cancer Screening	In the “Age” column, replace the reference to “46-49” with “46-50,” and replace the reference to “50-75” with “51-75.”
112	Chlamydia Screening in Women	Contraceptive Medications table	Delete “Mestranol-norethindrone” from the “Contraceptives” row.
121	Oral Evaluation, Dental Services	Eligible Population—Continuous enrollment	Replace the continuous enrollment text with the following text: July 1–December 31 of the measurement year.
122	Oral Evaluation, Dental Services	Numerator	Replace the reference to “ <u>NUCC Provider Taxonomy Value Set</u> ” with “ <u>Dental Provider Value Set</u> .”
129	Appropriate Testing for Pharyngitis	Event/diagnosis—Step 1	Replace the text in step 1 with the following text: Identify all members who had an outpatient visit, ED visit, observation visit, telephone visit, e-visit or virtual check-in (<u>Outpatient, ED and Telehealth Value Set</u>) during the intake period, with a diagnosis of pharyngitis (<u>Pharyngitis Value Set</u>).
180	Cardiac Rehabilitation	Administrative Specification—Numerators	Add the following text as a new Note at the end of the numerator section: Note: <i>Count multiple cardiac rehabilitation sessions on the same date of service as multiple sessions. For example, if a member has two different codes for cardiac rehabilitation on the same date of service (or one code billed as two units), count this as two sessions of cardiac rehabilitation.</i>
254	Follow-Up Care for Children Prescribed ADHD Medication	Eligible Population: Rate 1—Initiation Phase, Event/diagnosis—Step 1	Replace the paragraph in step 1 with the following text: Identify all children in the specified age range who were dispensed an ADHD medication (<u>ADHD Medications List</u>) during the 12-month intake period.
257	Follow-Up Care for Children Prescribed ADHD Medication	Note	Remove the first bullet, which reads: <ul style="list-style-type: none"> • <i>For members who have multiple overlapping prescriptions, count the overlap days once toward the days supply (whether the overlap is for the same drug or for a different drug).</i>

Page	Measure/Guideline	Head/Subtitle	Update
265	Follow-Up After Emergency Department Visit for Mental Illness	Event/diagnosis	Replace the reference to “(Mental Illness Value Set; Intentional Self-Harm Value Set)” with “(Mental Illness and Intentional Self-Harm Value Set).”
317	Adherence to Antipsychotic Medications for Individuals With Schizophrenia	Exclusions	Replace the text in the last bullet with the following text: <ul style="list-style-type: none"> Members 81 years of age and older as of December 31 of the measurement year (all product lines) with at least two indications of frailty (<u>Frailty Device Value Set</u>; <u>Frailty Diagnosis Value Set</u>; <u>Frailty Encounter Value Set</u>; <u>Frailty Symptom Value Set</u>) with different dates of service during the measurement year.
321	Metabolic Monitoring for Children and Adolescents on Antipsychotics	Event/diagnosis	Replace the reference to “(Antipsychotic Medications List; Antipsychotic Combination Medications List; Prochlorperazine Medications List)” with “(APM Antipsychotic Medications List).”
353	Appropriate Treatment for Upper Respiratory Infection	Event/diagnosis—Step 1	Replace the text in step 1 with the following text: Identify all members who had an outpatient visit, ED visit, observation visit, telephone visit, e-visit or virtual check-in (<u>Outpatient, ED and Telehealth Value Set</u>) during the intake period, with a diagnosis of URI (<u>URI Value Set</u>).
358	Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis	Event/diagnosis—Step 1	Replace the text in step 1 with the following text: Identify all members who had an outpatient visit, ED visit, observation visit, telephone visit, e-visit or virtual check-in (<u>Outpatient, ED and Telehealth Value Set</u>) during the intake period, with a diagnosis of acute bronchitis/bronchiolitis (<u>Acute Bronchitis Value Set</u>).
371	Potentially Harmful Drug-Disease Interactions in Older Adults	Potentially Harmful Drugs—History of Falls Medications table	Delete “Ezogabine” from the “Antiepileptics” row.
398	Use of Opioids at High Dosage	Table HDO-A: Opioid Medications	Delete the “Dihydrocodeine” row that contains the <u>Aspirin Caffeine Dihydrocodeine 16 mg Medications List</u> .
400	Use of Opioids at High Dosage	Table HDO-A: Opioid Medications	In the “Meperidine” row, delete the <u>Meperidine 75 mg Medications List</u> , the <u>Meperidine 150 mg Medications List</u> and their corresponding strengths.
406	Use of Opioids From Multiple Providers	Event/diagnosis	Replace the first bullet with the following: <ul style="list-style-type: none"> At least two or more opioid dispensing events (<u>Opioid Medications List</u>) on different dates of service.
406	Use of Opioids From Multiple Providers	Opioid Medications table	Delete the <u>Aspirin Caffeine Dihydrocodeine Medications List</u> from the “Dihydrocodeine” row.

Page	Measure/Guideline	Head/Subtitle	Update
407	Use of Opioids From Multiple Providers	Opioid Medications table	Delete the <u>Meperidine Promethazine Medications List</u> from the “Meperidine” row.
412	Risk of Continued Opioid Use	Event/diagnosis—Step 1	Replace the text in step 1 with the following text: Determine the IPSD. Identify the date of the earliest dispensing event for an opioid medication (<u>Opioid Medications List</u>) during the intake period.
413	Risk of Continued Opioid Use	Opioid Medications table	<ul style="list-style-type: none"> • Delete the <u>Aspirin Caffeine Dihydrocodeine Medications List</u> from the “Dihydrocodeine” row. • Delete the <u>Meperidine Promethazine Medications List</u> from the “Meperidine” row.
440	Initiation and Engagement of Substance Use Disorder Treatment	Event/diagnosis—Step 5	<p>Move the text currently in step 5 into a new step 6, and add the following text as step 5: Deduplicate eligible episodes. If a member has more than one eligible episode on the same day, include only one eligible episode. For example, if a member has two eligible episodes on January 1, only one eligible episode would be included; then, if applicable, include the next eligible episode that occurs after January 1.</p> <p>Note: <i>The denominator for this measure is based on episodes, not on members. All eligible episodes that were not removed or deduplicated remain in the denominator.</i></p>
469	Guidelines for Utilization Measures	11. Reporting inpatient services—discharges—Discharges/1,000 female member years, stratified	Remove the entire “Discharges/1,000 female member years, stratified” section and definition.
472	Well-Child Visits in the First 30 Months of Life	Eligible Population: Rate 2—Well-Child Visits for Age 15 Months–30 Months	<p>Add the following stratification section below the “Product line” section:</p> <p>Stratifications</p> <p>For each product line, report the following stratifications by race and total, and stratifications by ethnicity and total:</p> <ul style="list-style-type: none"> • Race: <ul style="list-style-type: none"> – White. – Black or African American. – American Indian or Alaska Native. – Asian. – Native Hawaiian or Other Pacific Islander. – Some Other Race. – Two or More Races. – Asked but No Answer. – Unknown. – Total.

Page	Measure/Guideline	Head/Subtitle	Update
			<ul style="list-style-type: none"> • <i>Ethnicity:</i> <ul style="list-style-type: none"> – Hispanic or Latino. – Not Hispanic or Latino. – Asked but No Answer. – Unknown. – Total. <p>Note: Stratifications are mutually exclusive and the sum of all categories in each stratification is the total population.</p>
483	Inpatient Utilization-General Hospital/Acute Care	Calculations—Member months	<p>Replace the third paragraph with the following text:</p> <p>Maternity rates are reported per 1,000 total member months for members 10–64 years in order to capture deliveries as a percentage of the total inpatient discharges.</p>
486	Antibiotic Utilization for Respiratory Conditions	Eligible Population—Ages	<p>Add the following bullets below the first paragraph:</p> <ul style="list-style-type: none"> • 3 months–17 years. • 18-64 years. • 65 years and older. • Total.
515	Hospitalization Following Discharge From a Skilled Nursing Facility	Risk Adjustment Weighting—Step 7	<p>Add the following text to step 7 as the third paragraph:</p> <p>Truncate the variance <i>for each SND</i> to 10 decimal places.</p>
526	Acute Hospital Utilization	Risk Adjustment Weighting and Calculation of Expected Events—Step 3: Expected count of hospitalization	<p>Replace the text in this section with the following text:</p> <p>Calculate the final member-level expected count of discharges using the formula below.</p> <p style="text-align: center;">Expected Count of Discharges = PPD x PUCD</p> <p>Round the member-level results to 4 decimal places using the .5 rule and sum over all members in the category.</p>
534	Emergency Department Utilization	Risk Adjustment Weighting and Calculation of Expected Events—Step 3: Expected Count of ED Visits	<p>Replace the text in this section with the following text:</p> <p>Calculate the final member-level expected count of ED visits for each category using the formula below.</p> <p style="text-align: center;">Expected Count of ED Visits = PPV x PUCV</p> <p>Round the member-level results to 4 decimal places using the .5 rule and sum over all members in the category.</p>

Page	Measure/Guideline	Head/Subtitle	Update
545	Hospitalization for Potentially Preventable Complications	Risk Adjustment Weighting and Calculation of Expected Events— Step 3: Expected count of hospitalization	Replace the text in this section with the following text: Calculate the final member-level expected count of discharges for each category using the formula below. Expected Count of ACSC Discharges = PPD x PUCD Round the member-level results to 4 decimal places using the .5 rule and sum over all members in the category.
558	Emergency Department Visits for Hypoglycemia in Older Adults With Diabetes	Risk Adjustment Weighting and Calculation of Expected Events— Step 4: Expected Count of ED Visits	Replace the text in this section with the following text: Calculate the final member-level expected count of ED visits for hypoglycemia for each category (i.e., rate and dual-eligibility stratification) using the formula below. Expected Count of ED Visits = PPV x PUCV Round the member-level results to 4 decimal places using the .5 rule and sum over all members in the category.
572	Race/Ethnicity Diversity of Membership	Calculations—Data source	Replace the first paragraph with the following text: Report the number of members for whom data have been collected from each data source for race and ethnicity. Data sources include data collected directly from members (direct data), data generated through imputation (indirect data), or data with unknown source (unknown data). Direct data includes sources such as surveys, health risk assessments, disease management registries, CMS/state databases, as well as enrollment information furnished by state Medicaid agencies. Indirect data includes imputation methods such as surname analysis or geo-coding.
572	Race/Ethnicity Diversity of Membership	Reporting Category Definitions	Add the following text as the last sentence of the first paragraph: Refer to Tables RES-C-1/2/3 and RES-D-1/2/3 for the value sets and direct reference codes that must be used to report the measure. Organizations that do not use these codes must map race and ethnicity data to them.
573	Race/Ethnicity Diversity of Membership	Reporting Category Definitions— Reporting categories for ethnicity	Replace the fourth bullet in the first Note with the following text: <ul style="list-style-type: none"> • <i>Data on race and data on ethnicity may come from different categories of data source (direct, indirect, unknown). In such cases, report using the data category that applies to that data element (race, ethnicity). If the same category of information is received from two different data sources, prioritize data sources based on the first bullet above.</i>
573	Race/Ethnicity Diversity of Membership	Note	Replace the first bullet in the second Note with the following text: <ul style="list-style-type: none"> • <i>Percentages include the sum of all race and ethnicity response options, which does not include “Unknown.” The “Asked but No Answer” response option is included in the Direct Data Collection Method percentages because it indicates that the organization asked about the member’s race/ethnicity. The “Asked but No Answer” category is not reported using indirect data. “Unknown” includes members for whom the organization did not obtain race/ethnicity information and for whom the organization did not receive a declined response (i.e., “Asked but No Answer”).</i>

Page	Measure/Guideline	Head/Subtitle	Update
621	Colorectal Cancer Screening	Characteristics—Stratification	In the “Age (for each product line):” sub bullet, replace the first and second bullets with the following text: <ul style="list-style-type: none"> • 46–50 years. • 51–75 years.
626	Colorectal Cancer Screening	Table COL-E-A-1/2: Metadata Elements for Colorectal Cancer Screening Table COL-E-A-3: Data Elements for Colorectal Cancer Screening	In the “Age” column, replace the reference to “46-49” with “46-50,” and replace the reference to “50-75” with “51-75.”
630	Follow-Up Care for Children Prescribed ADHD Medication	Characteristics—Guidance	Remove the second bullet, which reads: <ul style="list-style-type: none"> • For members who have multiple overlapping prescriptions, count the overlap days once toward the days supply (whether the overlap is for the same drug or for a different drug).
634	Follow-Up Care for Children Prescribed ADHD Medication	Data criteria (element level)—Value Sets	Add the following value set as the second subbullet under the “ADDE_HEDIS_MY2023-2.0.0” bullet: <ul style="list-style-type: none"> – ADHD Medications (https://www.ncqa.org/fhir/valueset/2.16.840.1.113883.3.464.1004.1736)
641	Metabolic Monitoring for Children and Adolescents on Antipsychotics	Data criteria (element level)—Value Sets	Delete the following value sets under the “APME_HEDIS_MY2023-2.0.0” bullet: <ul style="list-style-type: none"> – Antipsychotic Combination Medications (https://www.ncqa.org/fhir/valueset/2.16.840.1.113883.3.464.1004.1738) – Antipsychotic Medications (https://www.ncqa.org/fhir/valueset/2.16.840.1.113883.3.464.1004.1737) – Prochlorperazine Medications (https://www.ncqa.org/fhir/valueset/2.16.840.1.113883.3.464.1004.2195) Add the following value set as the second subbullet under the “APME_HEDIS_MY2023-2.0.0” bullet: <ul style="list-style-type: none"> – APM Antipsychotic Medications (https://www.ncqa.org/fhir/valueset/2.16.840.1.113883.3.464.1004.2442)
677	Adult Immunization Status	Characteristics—Guidance: Reporting	Add the following text after the first paragraph: <p>For all plans, the race and ethnicity stratifications are mutually exclusive, and the sum of all categories in each stratification is the total population.</p> <p>The race and ethnicity stratifications are reported by data source—direct, indirect, unknown. Race and Ethnicity values of “Asked But No Answer” are only reported for Source = ‘Direct.’ Race and Ethnicity values of “Unknown” are only reported for Source = ‘Unknown’ and Source = ‘Unknown’ is only reported for Race and Ethnicity values of “Unknown.”</p>

Changes That Affect Multiple Measures

This section identifies single changes that affect multiple measures.

Page	Measure/Guideline	Head/Subtitle	Update
92	Immunizations for Adolescents	Table IMA-B-1/2: Data Elements for Immunizations for Adolescents: Stratifications by Race Table IMA-C-1/2: Data Elements for Immunizations for Adolescents: Stratifications by Ethnicity	In the “Source” column, add a new row titled “Unknown**” below the row titled “Indirect.” AND Replace the text in the second asterisk with the following:
109	Colorectal Cancer Screening	Table COL-B-1/2/3: Data Elements for Colorectal Cancer Screening: Stratifications by Race Table COL-C-1/2/3: Data Elements for Colorectal Cancer Screening: Stratifications by Ethnicity	**Race/Ethnicity = “Unknown” is only reported for Source = 'Unknown' and Source = 'Unknown' is only reported for Race/Ethnicity = “Unknown.”
148	Asthma Medication Ratio	Table AMR-B-1/2: Data Elements for Asthma Medication Ratio: Stratifications by Race Table AMR-C-1/2: Data Elements for Asthma Medication Ratio: Stratifications by Ethnicity	
159	Controlling High Blood Pressure	Table CBP-B-1/2/3: Data Elements for Controlling High Blood Pressure: Stratifications by Race Table CBP-C-1/2/3: Data Elements for Controlling High Blood Pressure: Stratifications by Ethnicity	
285	Follow-Up After Emergency Department Visit for Substance Use	Table FUA-B-1/2/3: Data Elements for Follow-Up After Emergency Department Visit for Substance Use: Stratifications by Race Table FUA-C-1/2/3: Data Elements for Follow-Up After Emergency Department Visit for Substance Use: Stratifications by Ethnicity	
294	Pharmacotherapy for Opioid Use Disorder	Table POD-B-1/2/3: Data Elements for Pharmacotherapy for Opioid Use: Stratifications by Race Table POD-C-1/2/3: Data Elements for Pharmacotherapy for Opioid Use: Stratifications by Ethnicity	
446	Initiation and Engagement of Substance Use Disorder Treatment	Table IET-B-1/2/3: Data Elements for Initiation and Engagement of Substance Use Disorder Treatment: Stratifications by Race Table IET-C-1/2/3: Data Elements for Initiation and Engagement of Substance Use Disorder Treatment: Stratifications by Ethnicity	

Page	Measure/Guideline	Head/Subtitle	Update
474	Well-Child Visits in the First 30 Months of Life	Table W30-B-1/2: Data Elements for Well-Child Visits in the First 30 Months of Life: Stratifications by Race Table W30-C-1/2: Data Elements for Well-Child Visits in the First 30 Months of Life: Stratifications by Ethnicity	<p>In the “Source” column, add a new row titled “Unknown**” below the row titled “Indirect.”</p> <p>AND</p> <p>Replace the text in the second asterisk with the following:</p> <p>**Race/Ethnicity = “Unknown” is only reported for Source = 'Unknown' and Source = 'Unknown' is only reported for Race/ Ethnicity = “Unknown.”</p>
478	Child and Adolescent Well-Care Visits	Table WCV-B-1/2: Data Elements for Child and Adolescent Well-Care Visits: Stratifications by Race Table WCV-C-1/2: Data Elements for Child and Adolescent Well-Care Visits: Stratifications by Ethnicity	
604	Immunizations for Adolescents	Table IMA-E-B-1/2: Data Elements for Immunizations for Adolescents: Stratifications by Race Table IMA-E-C-1/2: Data Elements for Immunizations for Adolescents: Stratifications by Ethnicity	
613-614	Breast Cancer Screening	Table BCS-E-B-1/2/3: Data Elements for Breast Cancer Screening: Stratifications by Race Table BCS-E-C-1/2/3: Data Elements for Breast Cancer Screening: Stratifications by Ethnicity	
627	Colorectal Cancer Screening	Table COL-E-B 1/2/3: Data Elements for Colorectal Cancer Screening: Stratifications by Race Table COL-E-C-1/2/3: Data Elements for Colorectal Cancer Screening: Stratifications by Ethnicity	
681-682	Adult Immunization Status	Table AIS-E-B-1/2/3: Data Elements for Adult Immunization Status: Stratifications by Race Table AIS-E-C-1/2/3: Data Elements for Adult Immunization Status: Stratifications by Ethnicity	
191-192	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 Table HBD-C-1/2/3: Data Elements for Hemoglobin A1c Control for Patients With Diabetes: Stratifications by Ethnicity	
454	Prenatal and Postpartum Care	Table PPC-B-1/2: Data Elements for Prenatal and Postpartum Care: Stratifications by Race Table PPC-C-1/2: Data Elements for Prenatal and Postpartum Care: Stratifications by Ethnicity	

Page	Measure/Guideline	Head/Subtitle	Update
186	Hemoglobin A1c Control for Patients With Diabetes	Diabetes Medications table	In the “Glucagon-like peptide-1 (GLP1) agonists” row, replace “Semaglutide” with “Semaglutide (excluding Wegovy®).”
196	Blood Pressure Control for Patients With Diabetes	Diabetes Medications table	
205	Eye Exam for Patients With Diabetes	Diabetes Medications table	
215	Kidney Health Evaluation for Patients With Diabetes	Diabetes Medications table	
221	Statin Therapy for Patients With Diabetes	Diabetes Medications table	
299	Diabetes Screening for People With Schizophrenia or Bipolar Disorder Who Are Using Antipsychotic Medications	Diabetes Medications table	
305	Diabetes Monitoring for People With Diabetes and Schizophrenia	Diabetes Medications table	
554	Emergency Department Visits for Hypoglycemia in Older Adults With Diabetes	Diabetes Medications table	

Page	Measure/Guideline	Head/Subtitle	Update
130	Appropriate Testing for Pharyngitis	Event/diagnosis—Step 4	<p>Replace the text in the applicable step with the following: Test for negative comorbid condition history. Remove episode dates where the member had a claim/encounter with any diagnosis for a comorbid condition (<u>Comorbid Conditions Value Set</u>) during the 12 months prior to or on the episode date.</p> <p>About this change: <i>The relevant codes from the deleted value sets have been added to the <u>Comorbid Conditions Value Set</u>.</i></p>
353	Appropriate Treatment for Upper Respiratory Infection	Event/diagnosis—Step 3	
358	Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis	Event/diagnosis—Step 3	
487	Antibiotic Utilization for Respiratory Conditions	Event/diagnosis—Step 3	
600	Immunizations for Adolescents	Characteristics—Guidance: Reporting	<p>Replace the text in the last paragraph with the following: The race and ethnicity stratifications are reported by data source—direct, indirect or unknown. Race and Ethnicity values of “Asked But No Answer” are only reported for Source = “Direct.” Race and Ethnicity values of “Unknown” are only reported for Source = “Unknown” and Source = “Unknown” is only reported for Race and Ethnicity values of “Unknown.”</p>
607	Breast Cancer Screening	Characteristics—Guidance: Reporting	
623	Colorectal Cancer Screening	Characteristics—Guidance: Reporting	

Page	Measure/Guideline	Head/Subtitle	Update
650	Depression Screening and Follow-Up for Adolescents and Adults	Table DSF-E-1/2: Data Elements for Depression Screening and Follow-Up for Adolescents and Adults	Replace the references to “For each Metric and Stratification” with “For each stratification, repeat per metric” in the “Reporting Instructions” column for the following data elements: <ul style="list-style-type: none"> • InitialPopulation • ExclusionsByEHR • ExclusionsByCaseManagement • ExclusionsByHIERegistry • ExclusionsByAdmin
650	Depression Screening and Follow-Up for Adolescents and Adults	Table DSF-E-3: Data Elements for Depression Screening and Follow-Up for Adolescents and Adults	
672	Unhealthy Alcohol Use Screening and Follow-Up	Table ASF-E-1/2/3: Data Elements for Unhealthy Alcohol Use Screening and Follow-Up	