

April 12, 2023

Dear Colleague:

NCQA presents the *Measurement Year (MY) 2023 HEDIS<sup>®1</sup> for the Quality Rating System (QRS): Technical Update*, which contains corrections, policy changes and clarifications to the *MY 2023 HEDIS for QRS: Measure Technical Specifications*. With this release, NCQA freezes the HEDIS for QRS measure 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 QRS HEDIS VSD.** Changes to codes and value sets have been incorporated in the MY 2023 QRS HEDIS VSD, available for download. Order it for free from the [NCQA Store](#).

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

Changes listed in this document are required for MY 2023 HEDIS for QRS 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 If information in this memo contradicts a previous [My NCQA](#) system response, then the response is obsolete.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

Enclosure

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## Specification Updates

This document contains corrections, policy changes and clarifications to the *MY 2023 HEDIS for QRS: Measure Technical Specifications*. NCQA has identified the appropriate page number, measure/guideline and head/subtitle for each item.

Page	Measure/Guideline	Head/Subtitle	Update
23-24	General Guideline 9	Deceased Members—Note	Replace the third bullet with the following text: <ul style="list-style-type: none"> <li><i>This is a member-level exclusion. For episode-based measures, remove all member events/episodes from the measure.</i></li> </ul>
26	General Guideline 18	Reporting Date—Note	Replace “June 1, 2024” with “May 31, 2024.”
29-30	General Guideline 21	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.
34	General Guideline 23	Race and Ethnicity Stratification—Determining race reporting category—Notes	Replace the second bullet with the following text: <ul style="list-style-type: none"> <li>The “Unknown” category is only reported using unknown data.</li> </ul>
34	General Guideline 23	Race and Ethnicity Stratification—Determining ethnicity reporting category—Notes	Replace the second bullet with the following text: <ul style="list-style-type: none"> <li>The “Unknown” category is only reported using unknown data.</li> </ul>
34	General Guideline 23	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						
35	General Guideline 23	Race and Ethnicity Stratification—Data source	Add the following text as a new data source definition under the “Indirect data” definition: <b>Unknown data</b> 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.”						
37	General Guideline 23	Race and Ethnicity Stratification—Note	Replace the last bullet with the following text: <ul style="list-style-type: none"> <li>• <i>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.</i></li> </ul>						
39	General Guideline 28	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 Automated Eye Exam Value Set, the Drug Test Value Set, the INR Test Value Set, the Pregnancy Tests Value Set and the Sexual Activity Value Set (which do not contain LOINC codes), and for value sets that contain LOINC codes.						
75	Appropriate Testing for Pharyngitis (CWP)	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> ).						
79	Appropriate Treatment for Upper Respiratory Infection (URI)	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> ).						
89	Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis (AAB)	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> ).						
94	Cervical Cancer Screening (CCS)	Table CCS-4: 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	
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105	Chlamydia Screening in Women (CHL)	Contraceptive Medications table	Delete “Mestranol-norethindrone” from the “Contraceptives” row.																																																							
108	Colorectal Cancer Screening (COL)	Eligible Population—Ages	Replace the first and second bullet with the following text: <ul style="list-style-type: none"> <li>• 46–50 years.</li> <li>• 51–75 years.</li> </ul>																																																							
111	Colorectal Cancer Screening (COL)	Table COL-A-4: Data Elements for Colorectal Cancer Screening	Replace the Table COL-A-4: Data Elements for Colorectal Cancer Screening with the following table: <table border="1" data-bbox="961 532 1938 1380"> <thead> <tr> <th>Metric</th> <th>Age</th> <th>Data Element</th> <th>Reporting Instructions</th> <th>A</th> </tr> </thead> <tbody> <tr> <td>ColorectalCancer Screening</td> <td>46-50</td> <td>CollectionMethod</td> <td>Repeat per Stratification</td> <td>✓</td> </tr> <tr> <td></td> <td>51-75</td> <td>EligiblePopulation</td> <td>For each Stratification</td> <td>✓</td> </tr> <tr> <td></td> <td>Total</td> <td>ExclusionAdminRequired</td> <td>For each Stratification</td> <td>✓</td> </tr> <tr> <td></td> <td></td> <td>NumeratorByAdminElig</td> <td>For each Stratification</td> <td></td> </tr> <tr> <td></td> <td></td> <td>CYAR</td> <td>Only for Total (Percent)</td> <td></td> </tr> <tr> <td></td> <td></td> <td>MinReqSampleSize</td> <td>Repeat per Stratification</td> <td></td> </tr> <tr> <td></td> <td></td> <td>OversampleRate</td> <td>Repeat per Stratification</td> <td></td> </tr> <tr> <td></td> <td></td> <td>OversampleRecordsNumber</td> <td>(Count)</td> <td></td> </tr> <tr> <td></td> <td></td> <td>ExclusionValidDataErrors</td> <td>Repeat per Stratification</td> <td></td> </tr> <tr> <td></td> <td></td> <td>ExclusionEmployeeOrDep</td> <td>Repeat per Stratification</td> <td></td> </tr> </tbody> </table>	Metric	Age	Data Element	Reporting Instructions	A	ColorectalCancer Screening	46-50	CollectionMethod	Repeat per Stratification	✓		51-75	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				ExclusionEmployeeOrDep	Repeat per Stratification	
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Page	Measure/Guideline	Head/Subtitle	Update				
					OversampleRecsAdded	Repeat per Stratification	
					Denominator	For each Stratification	
					NumeratorByAdmin	For each Stratification	✓
					NumeratorByMedicalRecords	For each Stratification	
					NumeratorBySupplemental	For each Stratification	✓
					NumeratorBySupplemental	For each Stratification	✓
					Rate	(Percent)	✓
140	Immunizations for Adolescents (IMA)	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"> <li>• Evidence of the antigen or combination vaccine.</li> <li>• Anaphylaxis due to the vaccine.</li> </ul> For Tdap, count any of the following: <ul style="list-style-type: none"> <li>• Evidence of the antigen or combination vaccine.</li> <li>• Anaphylaxis due to the vaccine.</li> <li>• Encephalitis due to the vaccine.</li> </ul>				
147	Initiation and Engagement of Substance Use Disorder Treatment (IET)	Event/diagnosis—Step 5	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. <b>Note:</b> 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.				
162	Oral Evaluation, Dental Services (OED)	Eligible Population—Continuous enrollment	Replace the continuous enrollment text with the following text: July 1–December 31 of the measurement year.				

Page	Measure/Guideline	Head/Subtitle	Update
163	Oral Evaluation, Dental Services (OED)	Numerator	Replace the reference to “ <u>NUCC Provider Taxonomy Value Set</u> ” with “ <u>Dental Provider Value Set</u> .”
189	Well-Child Visits in the First 30 Months of Life (W30)	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><b>Stratifications</b></p> <p>Report the following stratifications by race and total, and stratifications by ethnicity and total:</p> <ul style="list-style-type: none"> <li>• <i>Race:</i> <ul style="list-style-type: none"> <li>– White.</li> <li>– Black or African American.</li> <li>– American Indian or Alaska Native.</li> <li>– Asian.</li> <li>– Native Hawaiian or Other Pacific Islander.</li> <li>– Some Other Race.</li> <li>– Two or More Races.</li> <li>– Asked but No Answer.</li> <li>– Unknown.</li> <li>– Total.</li> </ul> </li> <li>• <i>Ethnicity:</i> <ul style="list-style-type: none"> <li>– Hispanic or Latino.</li> <li>– Not Hispanic or Latino.</li> <li>– Asked but No Answer.</li> <li>– Unknown.</li> <li>– Total.</li> </ul> </li> </ul> <p><b>Note:</b> <i>Stratifications are mutually exclusive and the sum of all categories in each stratification is the total population.</i></p>
204	Adult Immunization Status (AIS-E)	Characteristics—Guidance: Reporting	<p>Add the following text after the first paragraph:</p> <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>

Page	Measure/Guideline	Head/Subtitle	Update
240	Depression Screening and Follow-Up for Adolescents and Adults (DSF-E)	Characteristics—Stratification	Add the following to the “Follow-Up on Positive Screen” age stratification section before the 18-64 years age bullet: <ul style="list-style-type: none"> <li>▪ 12-17 years.</li> </ul>
245	Depression Screening and Follow-Up for Adolescents and Adults (DSF-E)	Table DSF-E-4: 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"> <li>• InitialPopulation</li> <li>• ExclusionsByEHR</li> <li>• ExclusionsByCaseManagement</li> <li>• ExclusionsByHIRegistry</li> <li>• ExclusionsByAdmin</li> </ul>



## Changes That Affect Multiple Measures

This section identifies single changes that affect multiple measures.

Page	Measure/Guideline	Head/Subtitle	Update
87	Asthma Medication Ratio (AMR)	Table AMR-B-4: Data Elements for Asthma Medication Ratio: Stratifications by Race Table AMR-C-4: Data Elements for Asthma Medication Ratio: Stratifications by Ethnicity	In the “Source” column, add a new row titled “Unknown**” below the row titled “Indirect.” <b>AND</b> Replace the text in the second asterisk with the following:
97	Child and Adolescent Well-Care Visits (WCV)	Table WCV-B-4: Data Elements for Child and Adolescent Well-Care Visits: Stratifications by Race Table WCV-C-4: Data Elements for Child and Adolescent Well-Care Visits: Stratifications by Ethnicity	**Race/Ethnicity = “Unknown” is only reported for Source = 'Unknown' and Source = 'Unknown' is only reported for Race/Ethnicity = “Unknown.”
111-112	Colorectal Cancer Screening (COL)	Table COL-B-4: Data Elements for Colorectal Cancer Screening: Stratifications by Race Table COL-C-4: Data Elements for Colorectal Cancer Screening: Stratifications by Ethnicity	
119	Controlling High Blood Pressure (CBP)	Table CBP-B-4: Data Elements for Controlling High Blood Pressure: Stratifications by Race Table CBP-C-4: Data Elements for Controlling High Blood Pressure: Stratifications by Ethnicity	
136-137	Hemoglobin A1c Control for Patients With Diabetes (HBD)	Table HBD-B-4: Data Elements for Hemoglobin A1c Control for Patients With Diabetes: Stratifications by Race Table HBD-C-4: Data Elements for Hemoglobin A1c Control for Patients With Diabetes: Stratifications by Ethnicity	
141-142	Immunizations for Adolescents (IMA)	Table IMA-B-4: Data Elements for Immunizations for Adolescents: Stratifications by Race Table IMA-C-4: Data Elements for Immunizations for Adolescents: Stratifications by Ethnicity	
153	Initiation and Engagement of Substance Use Disorder Treatment (IET)	Table IET-B-4: Data Elements for Initiation and Engagement of Substance Use Disorder Treatment: Stratifications by Race Table IET-C-4: Data Elements for Initiation and Engagement of Substance Use Disorder Treatment: Stratifications by Ethnicity	

Page	Measure/Guideline	Head/Subtitle	Update
176-177	Prenatal and Postpartum Care (PPC)	Table PPC-B-4: Data Elements for Prenatal and Postpartum Care: Stratifications by Race Table PPC-C-4: Data Elements for Prenatal and Postpartum Care: Stratifications by Ethnicity	<p>In the “Source” column, add a new row titled “Unknown**” below the row titled “Indirect.”</p> <p><b>AND</b></p> <p>Replace the text in the second asterisk with the following: **Race/Ethnicity = “Unknown” is only reported for Source = 'Unknown' and Source = 'Unknown' is only reported for Race/Ethnicity = “Unknown.”</p>
190-191	Well-Child Visits in the First 30 Months of Life (W30)	Table W30-B-4: Data Elements for Well-Child Visits in the First 30 Months of Life: Stratifications by Race Table W30-C-4: Data Elements for Well-Child Visits in the First 30 Months of Life: Stratifications by Ethnicity	
208-209	Adult Immunization Status (AIS-E)	Table AIS-E-B-4: Data Elements for Adult Immunization Status: Stratifications by Race Table AIS-E-C-4: Data Elements for Adult Immunization Status: Stratifications by Ethnicity	
216-217	Breast Cancer Screening (BCS-E)	Table BCS-E-B-4: Data Elements for Breast Cancer Screening: Stratifications by Race Table BCS-E-C-4: Data Elements for Breast Cancer Screening: Stratifications by Ethnicity	
237-238	Colorectal Cancer Screening (COL-E)	Table COL-E-B-4: Data Elements for Colorectal Cancer Screening: Stratifications by Race Table COL-E-C-4: Data Elements for Colorectal Cancer Screening: Stratifications by Ethnicity	
253	Immunizations for Adolescents (IMA-E)	Table IMA-E-B-4: Data Elements for Immunizations for Adolescents: Stratifications by Race Table IMA-E-C-4: Data Elements for Immunizations for Adolescents: Stratifications by Ethnicity	

Page	Measure/Guideline	Head/Subtitle	Update
121	Eye Exam for Patients With Diabetes	Diabetes Medications table	In the “Glucagon-like peptide-1 (GLP1) agonists” row, replace “Semaglutide” with “Semaglutide (excluding Wegovy®).”
132	Hemoglobin A1c Control for Patients With Diabetes	Diabetes Medications table	
155	Kidney Health Evaluation for Patients With Diabetes	Diabetes Medications table	
76	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><b>About this change:</b> <i>The relevant codes from the deleted value sets have been added to the <u>Comorbid Conditions Value Set</u>.</i></p>
79	Appropriate Treatment for Upper Respiratory Infection	Event/diagnosis—Step 3	
89	Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis	Event/diagnosis—Step 3	
211	Breast Cancer Screening (BCS-E)	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>
233	Colorectal Cancer Screening (COL-E)	Characteristics—Guidance: Reporting	
249	Immunizations for Adolescents (IMA-E)	Characteristics—Guidance: Reporting	