HEDIS® 2020 Measures and Descriptions for Medicare

The Healthcare Effectiveness Data and Information Set (HEDIS®) is one of the most widely used sets of health care performance measures in the United States. The term "HEDIS" originated in the late 1980s as the product of a group of forward-thinking employers and quality experts, and was entrusted to NCQA in the early 1990s. NCQA has expanded the size and scope of HEDIS® to include measures for physicians, Accountable Care Organizations and other organizations. HEDIS® 2020 is published across a number of volumes and includes 96 measures across 6 domains for commercial plans, Medicare, and Medicaid.

NCQA's Committee on Performance Measurement (CPM), which includes representation from purchasers, consumers, health plans, clinicians and policy makers, oversees the evolution of the measurement set. Multiple Measurement Advisory Panels (MAP) provide clinical and technical knowledge required to develop the measures. Additional HEDIS® Expert Panels and the Technical Measurement Advisory Panel (TMAP) provide invaluable assistance by identifying methodological issues and providing feedback on new and existing measures.

For the current HEDIS® measures CMS requires, NCQA specifies the following data collection methods:

Administrative Method	Transaction data or other administrative data are used to identify the eligible population and numerator. The reported rate is based on all members who meet the eligible population criteria (after optional exclusions, if applicable) and who are found through administrative data to have received the service required for the numerator.
Hybrid Method	Organizations look for numerator compliance in both administrative and medical record data. The denominator consists of a systematic sample of members drawn from the measure's eligible population. Organizations review administrative data to determine if members in the systematic sample received the service and review medical record data for members who do not meet the numerator criteria through administrative data. The reported rate is based on members in the sample who received the service required for the numerator.
Survey Method	Requires organizations to collect data through a survey. Specifications for survey measures are included in *HEDIS® Volume 3: Specifications for Survey Measures* and *HEDIS® Volume 6: Specifications for the Medicare Health Outcomes Survey*.

HEDIS® is a registered trademark of the National Committee for Quality Assurance ("NCQA").

CMS HEDIS® 2020-2022 Medicare measures:

Breast Cancer Screening (BCS)
The percentage of women 50–74 years of age who had a mammogram to screen for breast cancer.

Colorectal Cancer Screening (COL)
The percentage of members 50–75 years of age who had appropriate screening for colorectal cancer.

Care for Older Adults (COA)
The percentage of adults 66 years and older who had each of the following during the measurement year:
- Advance care planning.
- Medication review.
- Functional status assessment.
- Pain assessment.

Use of Spirometry Testing in the Assessment and Diagnosis of COPD (SPR)
The percentage of members 40 years of age and older with a new diagnosis of COPD or newly active COPD, who received appropriate spirometry testing to confirm the diagnosis.

Pharmacotherapy Management of COPD Exacerbation (PCE)
The percentage of COPD exacerbations for members 40 years of age and older who had an acute inpatient discharge or ED visit on or between January 1–November 30 of the measurement year and who were dispensed appropriate medications. Two rates are reported:

1. Dispensed a systemic corticosteroid (or there was evidence of an active prescription) within 14 days of the event.
2. Dispensed a bronchodilator (or there was evidence of an active prescription) within 30 days of the event.

Note: The eligible population for this measure is based on acute inpatient discharges and ED visits, not on members. It is possible for the denominator to include multiple events for the same individual.

Controlling High Blood Pressure (CBP)
The percentage of members 18–85 years of age who had a diagnosis of hypertension (HTN) and whose BP was adequately controlled (<140/90 mm Hg) during the measurement year.

Persistence of Beta-Blocker Treatment after a Heart Attack (PBH)
The percentage of members 18 years of age and older during the measurement year who were hospitalized and discharged from July 1 of the year prior to the measurement year to June 30 of the measurement year with a diagnosis of AMI and who received persistent beta-blocker treatment for six months after discharge.

Statin Therapy for Patients with Cardiovascular Disease (SPC)
The percentage of males 21–75 years of age and females 40–75 years of age during the measurement year, who were identified as having clinical atherosclerotic cardiovascular disease (ASCVD) and met the following criteria. The following rates are reported:

1. Received Statin Therapy. Members who were dispensed at least one high-intensity or moderate-intensity statin medication during the measurement year.

2. Statin Adherence 80%. Members who remained on a high-intensity or moderate-intensity statin medication for at least 80% of the treatment period.

Comprehensive Diabetes Care (CDC)

The percentage of members 18–75 years of age with diabetes (type 1 and type 2) who had each of the following:
- Hemoglobin A1c (HbA1c) testing.
- HbA1c poor control (>9.0%).
- HbA1c control (<8.0%).
- Eye exam (retinal) performed.
- Medical attention for nephropathy.
- BP control (<140/90 mm Hg).

Statin Therapy for Patients with Diabetes (SPD)

The percentage of members 40–75 years of age during the measurement year with diabetes who do not have clinical atherosclerotic cardiovascular disease (ASCVD) who met the following criteria. Two rates are reported:

1. *Received Statin Therapy.* Members who were dispensed at least one statin medication of any intensity during the measurement year.

2. *Statin Adherence 80%.* Members who remained on a statin medication of any intensity for at least 80% of the treatment period.

Osteoporosis Management in Women Who Had a Fracture (OMW)

The percentage of women 67–85 years of age who suffered a fracture and who had either a bone mineral density (BMD) test or prescription for a drug to treat osteoporosis in the six months after the fracture.

Antidepressant Medication Management (AMM)

The percentage of members 18 years of age and older who were treated with antidepressant medication, had a diagnosis of major depression and who remained on an antidepressant medication treatment. Two rates are reported.

1. Effective Acute Phase Treatment. The percentage of members who remained on an antidepressant medication for at least 84 days (12 weeks).

2. Effective Continuation Phase Treatment. The percentage of members who remained on an antidepressant medication for at least 180 days (6 months).

Follow-Up after Hospitalization for Mental Illness (FUH)

The percentage of discharges for members 6 years of age and older who were hospitalized for treatment of selected mental illness or intentional self-harm diagnoses and who had a follow-up visit with a mental health practitioner. Two rates are reported:

1. The percentage of discharges for which the member received follow-up within 30 days after discharge.

2. The percentage of discharges for which the member received follow-up within 7 days after discharge.

Follow-Up after Emergency Department Visit for Mental Illness (FUM)

The percentage of emergency department (ED) visits for members 6 years of age and older with a principal diagnosis of mental illness or intentional self-harm, who had a follow-up visit for mental illness. Two rates are reported:
>   1. The percentage of ED visits for which the member received follow-up within 30 days of the ED visit (31 total days).
>   2. The percentage of ED visits for which the member received follow-up within 7 days of the ED visit (8 total days).

Follow-Up after Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence (FUA)

The percentage of emergency department (ED) visits for members 13 years of age and older with a principal diagnosis of alcohol or other drug (AOD) abuse or dependence, who had a follow up visit for AOD. Two rates are reported:
>   1. The percentage of ED visits for which the member received follow-up within 30 days of the ED visit (31 total days).
>   2. The percentage of ED visits for which the member received follow-up within 7 days of the ED visit (8 total days).

Adherence to Antipsychotic Medications for Individuals with Schizophrenia (SAA)

The percentage of members 18 years of age and older during the measurement year with schizophrenia or schizoaffective disorder who were dispensed and remained on an antipsychotic medication for at least 80% of their treatment period.

Medication Reconciliation Post-Discharge (MRP)

The percentage of discharges from January 1–December 1 of the measurement year for members 18 years of age and older for whom medications were reconciled the date of discharge through 30 days after discharge (31 total days).

Transitions of Care (TRC)

The percentage of discharges for members 18 years of age and older who had each of the following. Four rates are reported:

>   • Notification of Inpatient Admission. Documentation of receipt of notification of inpatient admission on the day of admission or the following day.
>   • Receipt of Discharge Information. Documentation of receipt of discharge information on the day of discharge or the following day.
>   • Patient Engagement after Inpatient Discharge. Documentation of patient engagement (e.g., office visits, visits to the home, tele-health) provided within 30 days after discharge.
>   • Medication Reconciliation Post-Discharge. Documentation of medication reconciliation on the date of discharge through 30 days after discharge (31 total days).

Follow-Up after Emergency Department Visit for People with Multiple High-Risk Chronic Conditions (FMC)

The percentage of emergency department (ED) visits for members 18 years and older who have multiple high-risk chronic conditions who had a follow-up service within 7 days of the ED visit.

Non-Recommended PSA-Based Screening in Older Men (PSA)
The percentage of men 70 years and older who were screened unnecessarily for prostate cancer using prostate-specific antigen (PSA)-based screening.
Note: A lower rate indicates better performance.

Potentially Harmful Drug-Disease Interactions in the Elderly/Older Adults (DDE)

The percentage of Medicare members 65 years of age and older who have evidence of an underlying disease, condition or health concern and who were dispensed an ambulatory prescription for a potentially harmful medication, concurrent with or after the diagnosis. Report each of the three rates separately and as a total rate.

> • A history of falls and a prescription for anticonvulsants, antipsychotics, benzodiazepines, non-benzodiazepine hypnotics or antidepressants (SSRIs, tricyclic antidepressants and SNRIs).
> • Dementia and a prescription for antipsychotics, benzodiazepines, non-benzodiazepine hypnotics, tricyclic antidepressants, or anticholinergic agents.
> • Chronic kidney disease and prescription for Cox-2 selective NSAIDs or non-aspirin NSAIDs.
> • Total rate (the sum of the three numerators divided by the sum of the three denominators).

Note: A lower rate indicates better performance for all rates.

Use of High-Risk Medications in the Elderly/Older Adults (DAE)
The percentage of Medicare members 66 years of age and older who had at least two dispensing events for the same high-risk medication.
Note: A lower rate represents better performance.

Use of Opioids at High Dosage (HDO)
The proportion of members 18 years and older who received prescription opioids at a high dosage (average morphine milligram equivalent dose [MME] ≥90) for ≥15 days during the measurement year.
Note: A lower rate indicates better performance.

Use of Opioids from Multiple Providers (UOP)
The proportion of members 18 years and older, receiving prescription opioids for ≥15 days during the measurement year who received opioids from multiple providers. Three rates are reported.

> 1. Multiple Prescribers. The proportion of members receiving prescriptions for opioids from four or more different prescribers during the measurement year.
> 2. Multiple Pharmacies. The proportion of members receiving prescriptions for opioids from four or more different pharmacies during the measurement year.

3. Multiple Prescribers and Multiple Pharmacies. The proportion of members receiving prescriptions for opioids from four or more different prescribers and four or more different pharmacies during the measurement year (i.e., the proportion of members who are numerator compliant for both the Multiple Prescribers and Multiple Pharmacies rates).
Note: A lower rate indicates better performance for all three rates.

Medicare Health Outcomes Survey (HOS)
This measure provides a general indication of how well a Medicare organization manages the physical and mental health of its members. The survey measures each member's physical and mental health status at the beginning and the end of a two-year period.
A two-year change score is calculated, and each member's physical and mental health status is categorized as better, the same or worse than expected, considering risk adjustment factors. Organization-specific results are assigned as percentages of members whose health status was better, the same or worse than expected.

Fall Risk Management (FRM)
The two components of this measure assess different facets of fall risk management.
> • Discussing Fall Risk. The percentage of Medicare members 65 years of age and older who were seen by a practitioner in the past 12 months and who discussed falls or problems with balance or walking with their current practitioner.
> • Managing Fall Risk. The percentage of Medicare members 65 years of age and older who had a fall or had problems with balance or walking in the past 12 months, who were seen by a practitioner in the past 12 months and who received a recommendation for how to prevent falls or treat problems with balance or walking from their current practitioner.

Management of Urinary Incontinence in Older Adults (MUI)
The following components of this measure assess the management of urinary incontinence in older adults.
> • Discussing Urinary Incontinence. The percentage of Medicare members 65 years of age and older who reported having urine leakage in the past six months and who discussed their urinary leakage problem with a health care provider.
> • Discussing Treatment of Urinary Incontinence. The percentage of Medicare members 65 years of age and older who reported having urine leakage in the past six months and who discussed treatment options for their current urine leakage problem.
> • Impact of Urinary Incontinence. The percentage of Medicare members 65 years of age and older who reported having urine leakage in the past six months and who reported that urine leakage made them change their daily activities or interfered with their sleep a lot.

Osteoporosis Testing in Older Women (OTO)
The percentage of Medicare women 65–85 years of age who report ever having received a bone density test to check for osteoporosis.

Physical Activity in Older Adults (PAO)
The two components of this measure assess different facets of promoting physical activity in older adults.

• Discussing Physical Activity. The percentage of Medicare members 65 years of age and older who had a doctor's visit in the past 12 months and who spoke with a doctor or other health provider about their level of exercise or physical activity.

• Advising Physical Activity. The percentage of Medicare members 65 years of age and older who had a doctor's visit in the past 12 months and who received advice to start, increase or maintain their level exercise or physical activity.

Flu Vaccinations for Adults Ages 65 and Older (FVO)
The percentage of Medicare members 65 years of age and older who received a flu vaccination between July 1 of the measurement year and the date when the Medicare CAHPS survey was completed.

Medical Assistance with Smoking and Tobacco Use Cessation (MSC)
The three components of this measure assess different facets of providing medical assistance with smoking and tobacco use cessation.

• Advising Smokers and Tobacco Users to Quit. A rolling average represents the percentage of members 18 years of age and older who are current smokers or tobacco users and who received advice to quit during the measurement year.

• Discussing Cessation Medications. A rolling average represents the percentage of members 18 years of age and older who are current smokers or tobacco users and who discussed or were recommended cessation medications during the measurement year.

• Discussing Cessation Strategies. A rolling average represents the percentage of members 18 years of age and older who are current smokers or tobacco users and who discussed or were provided cessation methods or strategies during the measurement year.

Pneumococcal Vaccination Status for Older Adults (PNU)
The percentage of Medicare members 65 years of age and older who have ever received one or more pneumococcal vaccinations.

Adults' Access to Preventive/Ambulatory Health Services (AAP)
The percentage of members 20 years and older who had an ambulatory or preventive care visit. The organization reports three separate percentages for each product line.

• Medicaid and Medicare members who had an ambulatory or preventive care visit during the measurement year.

• Commercial members who had an ambulatory or preventive care visit during the measurement year or the two years prior to the measurement year.

Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment (IET)
The percentage of adolescent and adult members with a new episode of alcohol or other drug (AOD) abuse or dependence who received the following.

• *Initiation of AOD Treatment.* The percentage of members who initiate treatment through an inpatient AOD admission, outpatient visit, intensive outpatient encounter or partial hospitalization, tele-health or medication treatment within 14 days of the diagnosis.

• *Engagement of AOD Treatment.* The percentage of members who initiated treatment and who were engaged in ongoing AOD treatment within 34 days of the initiation visit.

Frequency of Selected Procedures (FSP)

This measure summarizes the utilization of frequently performed procedures that often show wide regional variation and have generated concern regarding potentially inappropriate utilization.

Identification of Alcohol and Other Drug Services (IAD)

This measure summarizes the number and percentage of members with an alcohol and other drug (AOD) claim who received the following chemical dependency services during the measurement year:

- Inpatient.
- Intensive outpatient or partial hospitalization.
- Outpatient or medication treatment.
- ED.
- Tele-health.
- Any service.

Mental Health Utilization (MPT)

This measure summarizes the number and percentage of members receiving the following mental health services during the measurement year:

- Inpatient.
- Intensive outpatient or partial hospitalization.
- Outpatient.
- ED.
- Tele-health.
- Any service.

Antibiotic Utilization (ABX)

This measure summarizes the following data on outpatient utilization of antibiotic prescriptions during the measurement year, stratified by age and gender:

- Total number of antibiotic prescriptions.
- Average number of antibiotic prescriptions per member per year (PMPY).
- Total days supplied for all antibiotic prescriptions.
- Average days supplied per antibiotic prescription.
- Total number of prescriptions for antibiotics of concern.
- Average number of prescriptions PMPY for antibiotics of concern.
- Percentage of antibiotics of concern for all antibiotic prescriptions.
- Average number of antibiotics PMPY reported by drug class:
  – For selected "antibiotics of concern."
  – For all other antibiotics.

Plan All-Cause Readmissions (PCR)

For members 18 years of age and older, the number of acute inpatient and observation stays during the measurement year that were followed by an unplanned acute readmission for any

diagnosis within 30 days and the predicted probability of an acute readmission. Data are reported in the following categories:

      1. Count of Index Hospital Stays (IHS) (denominator).
      2. Count of Observed 30-Day Readmissions (numerator).
      3. Count of Expected 30-Day Readmissions.
      Note: For commercial and Medicaid, report only members 18–64 years of age.

Hospitalization Following Discharge From a Skilled Nursing Facility (HFS)

For members 18 years of age and older, the percentage of skilled nursing facility discharges to the community that were followed by an unplanned acute hospitalization for any diagnosis within 30 and 60 days. Data are reported in the following categories:

      1. Count of skilled nursing facility discharges (SND) to the community.
      2. Count of observed 30-day hospitalizations.
      3. Count of expected 30-day hospitalizations.
      4. Count of observed 60-day hospitalizations.
      5. Count of expected 60-day hospitalizations.

Acute Hospital Utilization (AHU)

For members 18 years of age and older, the risk-adjusted ratio of observed-to-expected acute inpatient and observation stay discharges during the measurement year reported by Surgery, Medicine and Total.

Emergency Department Utilization (EDU)

For members 18 years of age and older, the risk-adjusted ratio of observed to expected emergency department (ED) visits during the measurement year.

Hospitalization for Potentially Preventable Complications (HPC)

For members 67 years of age and older, the rate of discharges for ambulatory care sensitive conditions (ACSC) per 1,000 members and the risk-adjusted ratio of observed to expected discharges for ACSC by chronic and acute conditions.

Language Diversity of Membership (LDM)

An unduplicated count and percentage of members enrolled at any time during the measurement year by spoken language preferred for health care and preferred language for written materials.

Total Membership (TLM)

The number of members enrolled as of December 31 of the measurement year.