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October 1, 2020

Dear Colleague:

NCQA is pleased to present the MY 2020 HEDIS®[1] for the *Quality Rating System: Technical Update.* With this release, NCQA freezes the technical specifications for HEDIS for the Quality Rating System, with the exception of measures that require pharmacy data and the Risk Adjusted Utilization measures. This memo contains corrections, policy changes and clarifications to MY 2020 HEDIS for the *Quality Rating System*. Review all items in the table below and incorporate them into your implementation processes.

Measures that require pharmacy data and the Risk Adjusted Utilization measures will be final when the Medication List Directory (MLD) and the risk-adjustment tables are posted on November 2, 2020.

Obtaining the Medication List Directory (MLD). Changes to medications and an update memo (if needed) are included in the MLD, which will be available for download on November 2. Order it for free from the NCQA Store at https://store.ncqa.org/index.php/catalog/product/view/id/3763/s/hedis-my-2020-medication-list-directory/.

Obtaining the updated Value Set Directory (VSD). Go to "My Downloads" at https://my.ncqa.org/Downloads and download the VSD again to obtain the October 1 version, which contains all coding changes. The NCQA Download Center does not list the VSD as "October 1 version" in the Item Name column, but the updated version date will display in the filename once the file has been downloaded. Refer to the Summary of Changes spreadsheets in the VSD to identify codes and value sets that were added, deleted or revised.

If information in this memo contradicts a previous Policy Clarification Support (PCS) system response, then the PCS response is obsolete. The changes in this document are required for HEDIS MY 2020 reporting for the Quality Rating System.

If you have questions about information included in the *Technical Update* or about other measure specifications, contact us through My NCQA (https://my.ncqa.org). We wish everyone a successful HEDIS data collection season!

Sincerely,

Cindy Ottone, MHA
Director, Policy-Measures

Enclosure

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

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Specification Updates

This document contains corrections, policy changes and clarifications to MY 2020 *HEDIS for the Quality Rating System.* NCQA has identified the appropriate page number, measure/guideline and head/subtitle for each item.

Page	Measure/Guideline	Head/Subtitle	Update
25	General Guideline 10	Deceased Members	Replace the first and second paragraphs with the following text: Members who die during the measurement year are treated as an optional exclusion. Refer to the *Optional Exclusions* guideline in the *Guidelines for Effectiveness of Care Measures.* These members may be identified using various methods that include, but are not limited to, enrollment data, medical record, claims/encounter data or supplemental data. Organizations should attempt to remove these members prior to drawing the sample for hybrid measures. If during medical record review a member is found to be deceased, the member can be removed as a valid data error from the sample and replaced by a member from the oversample.
34	General Guideline 24	Date of Service for Laboratory Tests	Replace the fourth paragraph with the following two paragraphs: When abstracting laboratory tests from the medical record for use in hybrid reporting or for nonstandard supplemental data, the documentation must include the test date and the result (or evidence that the test was performed). The result/reported date may be used as the test date. Organizations may consider all events with dates no more than seven days apart to be the *same* test and may use the collected date for reporting. For example:
120	Comprehensive Diabetes Care	Hybrid Specification—Exclusions (optional)	Replace the second sentence with the following text: Identify members who did not have a diagnosis of diabetes, in any setting, during the measurement year or the year prior to the measurement year ***and*** who had a diagnosis of polycystic ovarian syndrome, gestational diabetes or steroid-induced diabetes in any setting during the measurement year or the year prior to the measurement year.
142	Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment	Administrative Specification—Numerator, Initiation of AOD Treatment	In the second bullet on page 142, replace "(Telephone Visit Value Set)" with "(Telephone Visits Value Set)."

Page	Measure/Guideline	Head/Subtitle	Update
150	Plan All-Cause Readmissions	Definitions—Plan population	Replace this definition with the following text: Members in the eligible population prior to exclusion of outliers (denominator steps 1–5). The plan population is only used as a denominator for the Outlier Rate. The plan population is based on members, not discharges. Count members only once in the plan population. Assign members to the product/product line in which they are enrolled at the start of the continuous enrollment period of their earliest Index Hospital Stay. If the member has a gap at the beginning of this continuous enrollment period, assign the member to the product/product line in which they were enrolled as of their first enrollment segment during this continuous enrollment period.
150	Plan All-Cause Readmissions	Definitions—Outlier	Replace the last paragraph with the following text: Assign members to the product/product line in which they are enrolled at the start of the continuous enrollment period of their earliest Index Hospital Stay. If the member has a gap at the beginning of this continuous enrollment period, assign the member to the product/product line in which they were enrolled as of their first enrollment segment during this continuous enrollment period.
150	Plan All-Cause Readmissions	Definitions—Nonoutlier	Replace the definition with the following text: Members in the eligible population who are not considered outliers.