

HEDIS MY2022 – patient eligibility and compliance by measure

This chart provides information on patient eligibility for each Healthcare Effectiveness Data and Information Set (HEDIS®) measure, including exclusion information. All information is based on HEDIS MY2022 Vol. 2 technical specifications.

Measure	Age (as of Dec. 31, 2022)	Continuous enrollment ¹	Allowable gaps ²	Anchor date ³	Event/ diagnosis ⁴	Required exclusions ^{5*}	Optional exclusions ⁶	Valid data error exclusions (hospice any time in 2022 for all) ⁷
Breast Cancer Screening (BCS)	Females 52–74	Oct. 1, 2020–Dec. 31, 2022	45 days (2021–2022)	Dec. 31, 2022	None	<p>Medicare members 66 and older (as of Dec. 31, 2022) enrolled in an Institutional Special Needs Plans (I-SNP) or living long-term in an institution (Long-Term Institutionalized [LTI] flag on enrollment file*) in 2022</p> <p>Patients from all product lines 66 and older (as of Dec 31, 2022) with advanced illness during 2021 or 2022 and frailty during 2022</p> <p>Patients receiving palliative care during 2022</p> <p>Patients in hospice or using hospice services anytime during 2022</p>	Bilateral mastectomy in 2022 (or any time before)	Coverage terminated before 12/31/2022



* Exclusions for advanced illness and frailty and patients living long-term in an institution are excluded based on data (i.e., monthly Centers for Medicare & Medicaid Services (CMS) enrollment file or claims/encounters, but not medical records).

Measure	Age (as of Dec. 31, 2022)	Continuous enrollment ¹	Allowable gaps ²	Anchor date ³	Event/diagnosis ⁴	Required exclusions ^{5*}	Optional exclusions ⁶	Valid data error exclusions (hospice any time in 2022 for all) ⁷
Controlling Blood Pressure (CBP)	18–85	2022	45 days	Dec. 31, 2022	Two of the following with different dates of service (DOS) on or between Jan. 1, 2021, and June 30, 2022, with a diagnosis of hypertension: outpatient visit, telephone visit and/ or online assessment	<p>Medicare members 66 and older (as of Dec. 31, 2022) enrolled in an I-SNP or living long-term in an institution (LTI flag on enrollment file*) in 2022</p> <p>Patients from all product lines 81 and older (as of Dec. 31, 2022) with frailty during 2022</p> <p>Patients from all product lines 66–80 years old (as of Dec. 31, 2022) with advanced illness during 2021 or 2022 and frailty during 2022</p> <p>Patients receiving palliative care during 2022</p> <p>Patients in hospice or using hospice services anytime during 2022</p>	<p>Diagnosis of pregnancy in 2022</p> <p>Nonacute inpatient admission in 2022</p> <p>Evidence of end-stage renal disease (ESRD), dialysis, nephrectomy or kidney transplant on or prior to Dec. 31, 2022</p>	Coverage terminated before Dec. 31, 2022
Care for Older Adults (COA)	66 and older	2022 enrolled in a Special Needs Plan (SNP)	45 days	Dec. 31, 2022	None	Patients in hospice or using hospice services anytime during 2022	None	Coverage terminated before Dec. 31, 2022

Measure	Age (as of Dec. 31, 2022)	Continuous enrollment ¹	Allowable gaps ²	Anchor date ³	Event/ diagnosis ⁴	Required exclusions ^{5*}	Optional exclusions ⁶	Valid data error exclusions (hospice any time in 2022 for all) ⁷
Colorectal Cancer Screening (COL)	45-75	2021-2022	45 days	Dec. 31, 2022	None	<p>Medicare members 66 and older (as of Dec. 31, 2022) enrolled in an I-SNP plan or living long-term in an institution (LTI flag on enrollment file*) in 2022</p> <p>Patients from all product lines 66 and older (as of Dec. 31, 2022) with advanced illness during 2021 or 2022 and frailty during 2022</p> <p>Patients receiving palliative care during 2022</p> <p>Patients in hospice or using hospice services anytime during 2022</p>	Colorectal cancer or total colectomy in 2022 (or any time before)	Coverage terminated before Dec. 31, 2022

Measure	Age (as of Dec. 31, 2022)	Continuous enrollment ¹	Allowable gaps ²	Anchor date ³	Event/diagnosis ⁴	Required exclusions ^{5*}	Optional exclusions ⁶	Valid data error exclusions (hospice any time in 2022 for all) ⁷
Hemoglobin A1c Control for Patients with Diabetes (HBD)	18-75	2022	45 days	Dec. 31, 2022	2021 or 2022 claim/encounter data documenting two outpatient or one inpatient visit(s) with diabetes diagnosis; or pharmacy data: dispensed insulin, hypo/antihyperglycemic meds	<p>Medicare members 66 and older (as of Dec. 31, 2022) enrolled in an I-SNP plan or living long-term in an institution (LTI flag on enrollment file*) in 2022</p> <p>Patients from all product lines 66 and older (as of Dec. 31, 2022) with advanced illness during 2021 or 2022 and frailty during 2022</p> <p>Patients receiving palliative care during 2022</p> <p>Patients in hospice or using hospice services anytime during 2022</p> <p>Polycystic ovarian syndrome, gestational or steroid-induced diabetes in 2021 or 2022 (in the absence of a diagnosis of diabetes type 1 or 2)</p>	None	Coverage terminated before Dec. 31, 2022

Measure	Age (as of Dec. 31, 2022)	Continuous enrollment ¹	Allowable gaps ²	Anchor date ³	Event/diagnosis ⁴	Required exclusions ^{5*}	Optional exclusions ⁶	Valid data error exclusions (hospice any time in 2022 for all) ⁷
Eye Exam for Patients with Diabetes (EED)	18-75	2022	45 days	Dec. 31, 2022	2021 or 2022 claim/encounter data documenting two outpatient or one inpatient visit(s) with diabetes diagnosis; or pharmacy data: dispensed insulin, hypo/antihyperglycemic meds	<p>Medicare 66 and older (as of Dec. 31, 2022) enrolled in an I-SNP plan or living long-term in an institution (LTI flag on enrollment file*) in 2022</p> <p>Patients from all product lines 66 and older (as of Dec. 31, 2022) with advanced illness during 2021 or 2022 and frailty during 2022</p> <p>Patients receiving palliative care during 2022</p> <p>Patients in hospice or using hospice services anytime during 2022</p> <p>Polycystic ovarian syndrome, gestational or steroid-induced diabetes in 2021 or 2022 (in the absence of Diabetes Mellitus [DM] of a diagnosis of diabetes type 1 or 2)</p>	None	Coverage terminated before Dec. 31, 2022

Measure	Age (as of Dec. 31, 2022)	Continuous enrollment ¹	Allowable gaps ²	Anchor date ³	Event/diagnosis ⁴	Required exclusions ^{5*}	Optional exclusions ⁶	Valid data error exclusions (hospice any time in 2022 for all) ⁷
Kidney Health Evaluation for Patients with Diabetes (KED)	18–85	2022	45 days	Dec. 31, 2022	2021 or 2022 claim/encounter data documenting two outpatient or one inpatient visit(s) with diabetes diagnosis; or Ppharmacy data: dispensed insulin, hypo/antihyperglycemic meds	<p>Medicare 66 and older (as of Dec. 31, 2022) enrolled in an I-SNP plan or living long-term in an institution (LTI flag on enrollment file*) in 2022</p> <p>Patients from all product lines 81 and older (as of Dec. 31, 2022) with frailty during 2022</p> <p>Patients from all product lines 66 and older (as of Dec. 31, 2022) with advanced illness during 2021 or 2022 and frailty during 2022</p> <p>Patients receiving palliative care during 2022</p> <p>Patients in hospice or using hospice services anytime during 2022</p> <p>Patients with evidence of ESRD or dialysis any time in or prior to 2022</p>	Polycystic ovarian syndrome, gestational or steroid-induced diabetes in 2021 or 2022 (in the absence of DM type 1 in 2021 or 2022)	Coverage terminated before Dec. 31, 2022

Measure	Age (as of Dec. 31, 2022)	Continuous enrollment ¹	Allowable gaps ²	Anchor date ³	Event/ diagnosis ⁴	Required exclusions ^{5*}	Optional exclusions ⁶	Valid data error exclusions (Hospice any time in 2022 for all) ⁷
Osteoporosis Management in Women who had a Fracture (OMW)	Females 67–85	12 months before the Episode Date through 180 days after the Episode Date	45 days (through continuous enrollment period)	Episode Date	Earliest fracture during the intake period (July 1, 2021–June 30, 2022)	<p>Medicare 67 and older (as of Dec. 31, 2022) enrolled in an I-SNP plan or living long-term in an institution (LTI flag on enrollment file*) in 2022</p> <p>Patients from all product lines 81 and older (as of Dec. 31, 2022) with frailty during 2022</p> <p>Patients from all product lines 67 and older (as of Dec. 31, 2022) with advanced illness during 2021 or 2022 and frailty during 2022</p> <p>Patients receiving palliative care during 2022</p> <p>Patients in hospice or using hospice services anytime during 2022</p> <p>Bone mineral density test (BMD) test in the 24 months prior to the Episode Date or medication to treat osteoporosis in the 12 months before the Episode Date</p>	None	<p>Coverage terminated before the Episode Date</p> <p>Fractures of the fingers, toes, face and skull do not count for the measure</p>

Measure	Age (as of Dec. 31, 2022)	Continuous enrollment ¹	Allowable gaps ²	Anchor date ³	Event/diagnosis ⁴	Required exclusions ^{5*}	Optional exclusions ⁶	Valid data error exclusions (Hospice any time in 2022 for all) ⁷
Statin Therapy for Patients with Cardiovascular Disease (SPC)	Males 21–75 Females 40–75	2021–2022	45 days	Dec. 31, 2022	<p>2021 events:</p> <ul style="list-style-type: none"> • Myocardial infarction (discharge from inpatient setting) • Coronary artery bypass graft • Percutaneous coronary intervention • Other revascularization procedure <p>Diagnosis of ischemic vascular disease in 2021–2022 in either an inpatient or outpatient visit (criteria need not be the same across both years)</p>	<p>Patients from all product lines 66 and older (as of Dec. 31, 2022) with advanced illness during 2021 or 2022 and frailty during 2022</p> <p>Patients receiving palliative care during 2022</p> <p>Patients in hospice or using hospice services anytime during 2022</p> <p>In 2021 or 2022:</p> <ul style="list-style-type: none"> • Pregnancy diagnosis • In vitro fertilization • Dispensed at least one prescription of clomiphene • ESRD or dialysis • Cirrhosis diagnosis <p>In 2022, only myalgia, myositis, myopathy or rhabdomyolysis</p>	None	Coverage termed before Dec. 31, 2022

Measure	Age (as of Dec. 31, 22)	Continuous enrollment ¹	Allowable gaps ²	Anchor date ³	Event/diagnosis ⁴	Required exclusions ^{5*}	Optional exclusions ⁶	Valid data error exclusions (Hospice any time in 2022 for all) ⁷
Transitions of Care – Medication Reconciliation Post-Discharge (TRC)	18 and older	Date of discharge through 30 days after discharge (31 total days)	None	None	An acute or nonacute inpatient discharge on or between Jan. 1, 2022–Dec. 1, 2022	Patients in hospice or using hospice services anytime during 2022	None	Remains in an acute or nonacute facility through Dec. 1, 2022
Follow-Up After Emergency Department Visit for People with Multiple High-Risk Chronic Conditions (FMC)	18 and older as of the emergency department (ED) visit	365 days prior to the ED visit through seven days after the ED visit	No more than one gap in enrollment of up to 45 days during the 365 days prior to the ED visit and no gap during the 7 days following the ED visit	None	An ED visit on or between Jan. 1, 2022, and Dec. 24, 2022 Patient has two or more chronic conditions prior to the ED visit identified via claim/encounter data during 2021 or 2022 from two outpatient/nonacute inpatient or one acute inpatient Eligible chronic conditions: Chronic obstructive pulmonary disease (COPD) and asthma; Alzheimer’s disease and related disorders; chronic kidney disease; depression; heart failure; acute myocardial infarction; atrial fibrillation; stroke or transient ischemic attack	Patients in hospice or using hospice services anytime during 2022		ED visits that result in an inpatient stay or are followed by an inpatient stay on the day of the ED visit or within 7 days after the ED visit

BCS – Breast Cancer Screening
BMD – Bone mineral density test
BP – Blood pressure
CBP – Controlling Blood Pressure
CABG – Coronary artery bypass graft
COA – Care of Older Adults
COL – Colorectal cancer screening
DC – Discharge
DOS – Date of service
EED – Eye Exam for Patients with Diabetes
ED – Emergency department
ESRD – End-stage renal disease
FMC – Follow-Up After Emergency Department Visit for People with Multiple High-Risk Chronic Conditions
HBD – Hemoglobin A1c Control for Patients with Diabetes
IESD – Index episode start date
KED – Kidney Health Evaluation for Patients with Diabetes
MCD – Medicaid
MI – Myocardial infarction
MRP – Medication Reconciliation Post-Discharge
OMW – Osteoporosis Management in Women who Had a Fracture
PCI – Percutaneous coronary intervention
PCP – Primary care physician
PED – Patient engagement after patient discharge
SNP – Special Needs Plan
SPC – Statin Therapy for Patients with Cardiovascular Disease
TRC – Transitions of Care

¹Continuous enrollment

Continuous enrollment specifies the minimum amount of time that a patient must be enrolled in an organization before becoming eligible for a measure. It ensures that the organization has enough time to render services.

²Allowable gaps

A gap is the time when a patient is not covered by the organization (e.g., the time between disenrollment and re-enrollment). An allowable gap can occur anytime during continuous enrollment.

³Anchor date

Anchor date for a measure requires a patient to be enrolled and to have a benefit on a specific date; the allowable gap must not include that date. The patient must also have the benefit on that date.

⁴Event/diagnosis

In addition to age, this event or diagnosis triggers the patient's eligibility for the measure and must occur in the time frame noted.

⁵Required exclusions

Eligibility criteria that excludes the patient from the denominator, based on claims or enrollment data. The three main indicators include patients living in long-term care, advanced illness and frailty, and hospice care. This criteria is mandatory and must be used, regardless of measure compliance.

⁶Optional exclusions

Eligibility criteria that excludes the patient from the denominator, based on claims or medical record data. This data can be considered when measure compliance is absent.

⁷Valid data error exclusions (hospice anytime in 2022 for all)

An event or condition that makes the patient no longer eligible for the measure, based on claims or enrollment data; for example, misdiagnosis of a disease or condition.

Valid data errors are identified only for hybrid measures during medical record review.

* Exclusions for advanced illness and frailty and patients living long-term in an institution are excluded based on data (i.e., monthly Centers for Medicare & Medicaid Services (CMS) enrollment file or claims/encounters, but not medical records).

Measurement criteria

Measure	Compliance	Medical record or visit type
BCS	<p>Documented between Oct. 1, 2020, and Dec. 31, 2022:</p> <ul style="list-style-type: none"> Mammogram (any type, including 3D) 	<p>Patient-reported data acceptable: YES Outpatient: Any visit type</p>
CBP	<p>Documented in 2022:</p> <ul style="list-style-type: none"> The most recent BP reading on or after the date of the second diagnosis (per claim data) BP must be less than 140/90 to be considered controlled 	<p>Patient-reported data acceptable: YES Outpatient: PCP or practitioner managing patient's BP</p>
HBD, KED and EED	<p>Documented in 2022:</p> <ul style="list-style-type: none"> Most recent hemoglobin A1c test and result eGFR and uACR (or a quantitative urine albumin and urine creatinine test for days or less apart if using in place of uACR) Screening (retinal or dilated eye exam) for diabetic retinal disease (negative result in 2021 also acceptable) 	<p>Patient-reported data acceptable: YES Managing provider record: Any visit type</p>
COA	<p>Documented in 2022:</p> <ul style="list-style-type: none"> Medication review (signature required for medication review done by prescribing practitioner or clinical pharmacist) Functional status assessment Pain assessment 	<p>Patient-reported data acceptable: NO Outpatient: Any visit type Inpatient: Nonacute setting</p> <p>Medication review must come from the outpatient medical record</p>
TRC (MRP and PED)	<p>Documented within the appropriate time frame:</p> <ul style="list-style-type: none"> Medication Reconciliation Post-Discharge: Medication reconciliation conducted by a prescribing practitioner, clinical pharmacist or registered nurse on the date of discharge through 30 days after discharge (31 days total) Patient engagement within 30 days after discharge. Do not include patient engagement that occurs on the date of discharge. 	<p>Patient-reported data acceptable: NO Outpatient: Any visit type</p>
FMC	<p>Documented within the appropriate time frame:</p> <ul style="list-style-type: none"> A follow-up service within 7 days after the ED visit (8 total days). Include visits that occur on the same day as the ED visit. 	<p>Patient-reported data acceptable: NO Outpatient: Any visit type</p>

Measure	Compliance	Medical record or visit type
COL	Documented in the appropriate time frame, any of the following: <ul style="list-style-type: none"> • Fecal occult blood testing (FOBT) during 2022 • Stool DNA (sDNA) with FIT test between 2020 and 2022 • Flexible sigmoidoscopy between 2018 and 2022 • CT colonography between 2018 and 2022 • Colonoscopy between 2013 and 2022 	Patient-reported data acceptable: YES Outpatient: Any visit type Inpatient: Any visit
OMW	Documentation on the date of or in the six months after a fracture (fractures occurring between July 1, 2021, and June 30, 2022): <ul style="list-style-type: none"> • Bone mineral density testing • Therapy/prescription for drug to treat/prevent osteoporosis 	Patient-reported data acceptable: NO (meds), YES (BMD testing) Outpatient: Any visit type
SPC	Documented in 2022: <ul style="list-style-type: none"> • Proof of a dispensing event (medication fill) for high- or moderate-intensity dose statin therapy 	Patient-reported data acceptable: NO Outpatient: Any visit type

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