HEDIS MY2023 – patient eligibility and compliance by measure

This document provides information on patient eligibility for each Healthcare Effectiveness Data and Information Set (HEDIS®) measure, including exclusion information. All information is based on HEDIS measurement year (MY) 2023 Vol. 2 technical specifications.

Breast Cancer Screening (BCS) – Females 52–74

Continuous enrollment: Oct. 1, 2021–Dec. 31, 2023 **Allowable gaps[2]:** 45 days (2022–2023)
Anchor date: Dec. 31, 2023 **Event/diagnosis:** None

Required exclusions[5]*

- Medicare members 66 and older (as of Dec. 31, 2023) enrolled in an Institutional Special Needs Plan (I-SNP) or living long-term in an institution (Long-Term Institutionalized [LTI] flag on enrollment file*) in 2023
- Patients from all product lines 66 and older (as of Dec 31, 2023) with advanced illness during 2022 or 2023 and frailty during 2023
- Patients receiving palliative care during 2023
- Patients in hospice or using hospice services anytime during 2023
- Patients who died anytime during 2023
- Bilateral mastectomy in 2023 (or anytime before)

Valid data error exclusions (hospice anytime in 2023 for all)[7]
Coverage termed before Dec. 31, 2023

* 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).

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Controlling Blood Pressure (CBP) – 18–85

Continuous enrollment: 2023 **Allowable gaps[2]:** 45 days **Anchor date:** Dec. 31, 2023 **Event/diagnosis:** Two of the following with different dates of service (DOS) on or between Jan. 1, 2022, and June 30, 2023, with a diagnosis of hypertension: outpatient visit, telephone visit and/or online assessment

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Required exclusions[5]*
- Medicare members 66 and older (as of Dec. 31, 2023) enrolled in an I-SNP or living long-term in an institution (LTI flag on enrollment file*) in 2023
- Patients from all product lines 81 and older (as of Dec. 31, 2023) with frailty during 2023
- Patients from all product lines 66–80 (as of Dec. 31, 2023) with advanced illness during 2022 or 2023 and frailty during 2023
- Patients receiving palliative care during 2023
- Patients in hospice or using hospice services anytime during 2023
- Diagnosis of pregnancy in 2023
- Evidence of end-stage renal disease (ESRD), dialysis, nephrectomy or kidney transplant on or prior to Dec. 31, 2023
- Members who died anytime during 2023

Valid data error exclusions (hospice anytime in 2023 for all)[7]
Coverage termed before Dec. 31, 2023

Care for Older Adults (COA) – 66 and older

Continuous enrollment: 2023 enrolled in a Special Needs Plan (SNP) **Allowable gaps[2]:** 45 days
Anchor date: Dec. 31, 2023 **Event/diagnosis:** None

Required exclusions[5]*
- Patients in hospice or using hospice services anytime during 2023
- Members who died anytime during 2023

Valid data error exclusions (hospice anytime in 2023 for all)[7]
Coverage termed before Dec. 31, 2023

Colorectal Cancer Screening (COL) – 45–75

Continuous enrollment: 2022–2023 **Allowable gaps[2]:** 45 days **Anchor date:** Dec. 31, 2023
Event/diagnosis: None

Required exclusions[5]*

- Medicare members 66 and older (as of Dec. 31, 2023) enrolled in an I-SNP plan or living long-term in an institution (LTI flag on enrollment file*) in 2023
- Patients from all product lines 66 and older (as of Dec. 31, 2023) with advanced illness during 2022 or 2023 and frailty during 2023
- Patients receiving palliative care during 2023
- Patients in hospice or using hospice services anytime during 2023
- Members who died anytime during 2023
- Colorectal cancer or total colectomy in 2023 (or any time before)

Valid data error exclusions (hospice anytime in 2023 for all)[7]
Coverage termed before Dec. 31, 2023

Hemoglobin A1c Control for Patients with Diabetes (HBD) – 18–75

Continuous enrollment: 2023 **Allowable gaps[2]:** 45 days **Anchor date:** Dec. 31, 2023 **Event/diagnosis:** 2022 or 2023 claim/encounter data documenting two outpatient or one inpatient visit(s) with diabetes diagnosis; or pharmacy data: dispensed insulin, hypo/antihyperglycemic meds

Required exclusions[5]*

- Medicare members 66 and older (as of Dec. 31, 2023) enrolled in an I-SNP plan or living long-term in an institution (LTI flag on enrollment file*) in 2023
- Patients from all product lines 66 and older (as of Dec. 31, 2023) with advanced illness during 2022 or 2023 and frailty during 2023
- Patients receiving palliative care during 2023
- Patients in hospice or using hospice services anytime during 2023
- Members who died anytime during 2023
- Polycystic ovarian syndrome, gestational or steroid-induced diabetes in 2022 or 2023 (in the absence of a diagnosis of type 1 or type 2 diabetes)**

** Same exclusion in EED and KED measure

Valid data error exclusions (hospice anytime in 2023 for all)[7]
Coverage termed before Dec. 31, 2023

Eye Exam for Patients with Diabetes (EED) – 18–75

Continuous enrollment: 2023 **Allowable gaps[2]:** 45 days **Anchor date:** Dec. 31, 2023 **Event/diagnosis:** 2022 or 2023 claim/encounter data documenting two outpatient or one inpatient visit(s) with diabetes diagnosis; or pharmacy data: dispensed insulin, hypo/antihyperglycemic meds

Required exclusions[5]*

- Medicare 66 and older (as of Dec. 31, 2023) enrolled in an I-SNP plan or living long-term in an institution (LTI flag on enrollment file*) in 2023
- Patients from all product lines 66 and older (as of Dec. 31, 2023) with advanced illness during 2022 or 2023 and frailty during 2023
- Patients receiving palliative care during 2023
- Patients in hospice or using hospice services anytime during 2023
- Members who died anytime during 2023
- Polycystic ovarian syndrome, gestational or steroid-induced diabetes in 2022 or 2023 (in the absence of a diagnosis of type 1 or type 2 diabetes)**

** Same exclusion in HBD and KED measures

Valid data error exclusions (hospice anytime in 2023 for all)[7]
Coverage termed before Dec. 31, 2023

Kidney Health Evaluation for Patients with Diabetes (KED) – 18–85

Continuous enrollment: 2023 **Allowable gaps[2]:** 45 days **Anchor date:** Dec. 31, 2023 **Event/diagnosis:** 2022 or 2023 claim/encounter data documenting two outpatient or one inpatient visit(s) with diabetes diagnosis; or pharmacy data: dispensed insulin, hypo/antihyperglycemic meds

Required exclusions[5]*

- Medicare 66 and older (as of Dec. 31, 2023) enrolled in an I-SNP plan or living long-term in an institution (LTI flag on enrollment file*) in 2023
- Patients from all product lines 81 and older (as of Dec. 31, 2023) with frailty during 2023
- Patients from all product lines 66 and older (as of Dec. 31, 2023) with advanced illness during 2022 or 2023 and frailty during 2023
- Patients receiving palliative care during 2023
- Patients in hospice or using hospice services anytime during 2023
- Members who died anytime during 2023
- Patients with evidence of ESRD or dialysis anytime in or prior to 2023
- Polycystic ovarian syndrome, gestational or steroid-induced diabetes in 2022 or 2023 (in the absence of a diagnosis of type 1 or type 2 diabetes)**

** Same exclusion in HBD and EED measure

Valid data error exclusions (hospice anytime in 2023 for all)[7]
Coverage termed before Dec. 31, 2023

Osteoporosis Management in Women who had a Fracture (OMW) – Females 67–85

Continuous enrollment: 12 months before the episode date through 180 days after the episode date
Allowable gaps[2]: 45 days (through continuous enrollment period) **Anchor date:** Episode date
Event/diagnosis: Earliest fracture during the intake period (July 1, 2022–June 30, 2023)

Required exclusions[5]*
- Medicare 67 and older (as of Dec. 31, 2023) enrolled in an I-SNP plan or living long-term in an institution (LTI flag on enrollment file*) in 2023
- Patients from all product lines 81 and older (as of Dec. 31, 2023) with frailty during 2023
- Patients from all product lines 67 and older (as of Dec. 31, 2023) with advanced illness during 2022 or 2023 and frailty during 2023
- Patients receiving palliative care during 2023
- Patients in hospice or using hospice services anytime during 2023
- Members who died anytime during 2023
- Bone mineral density (BMD) test in the 24 months prior to the episode date or medication to treat osteoporosis in the 12 months before the episode date

Valid data error exclusions (hospice anytime in 2023 for all)[7]
Coverage termed before the episode date. Fractures of the fingers, toes, face and skull do not count for the measure.

Statin Therapy for Patients with Cardiovascular Disease (SPC) – F 40–75, M 21–75

Continuous enrollment: 2022–2023 **Allowable gaps[2]:** 45 days **Anchor date:** Dec. 31, 2023
Event/diagnosis: 2022 events:
- Myocardial infarction (discharge from inpatient setting)
- Coronary artery bypass graft
- Percutaneous coronary intervention
- Other revascularization procedure

Diagnosis of ischemic vascular disease in 2022–2023 in either an inpatient or outpatient visit (criteria need not be the same across both years)

Required exclusions[5]*
- Patients from all product lines 66 and older (as of Dec. 31, 2023) with advanced illness during 2022 or 2023 and frailty during 2023
- Patients receiving palliative care during 2023
- Patients in hospice or using hospice services anytime during 2023
- Members who died anytime during 2023

In 2022 or 2023:
- Pregnancy diagnosis
- In vitro fertilization
- Dispensed at least one prescription of clomiphene
- ESRD or dialysis
- Cirrhosis diagnosis

In 2023: only myalgia, myositis, myopathy or rhabdomyolysis

Valid data error exclusions (hospice anytime in 2023 for all)[7]
Coverage termed before Dec. 31, 2023

Transitions of Care – Medication Reconciliation Post-Discharge (TRC) – 18 and older

Continuous enrollment: Date of discharge through 30 days after discharge (31 total days) **Allowable gaps[2]:** None
Anchor date: None **Event/diagnosis:** An acute or nonacute inpatient discharge on or between Jan. 1, 2023, and Dec. 1, 2023

Required exclusions[5]*

• Patients in hospice or using hospice services anytime during 2023
• Members who died anytime during 2023

Valid data error exclusions (hospice anytime in 2023 for all)[7]
Remains in an acute or nonacute facility through Dec. 1, 2023

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

Continuous enrollment: 365 days prior to the ED visit through seven days after the ED visit
Allowable gaps[2]: 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 seven days following the ED visit **Anchor date:** None
Event/diagnosis:

• An ED visit on or between Jan. 1, 2023, and Dec. 24, 2023
• Patient has two or more chronic conditions prior to the ED visit identified via claim/encounter data during 2022 or 2023 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

Required exclusions[5]*

• Patients in hospice or using hospice services anytime during 2023
• Members who died anytime during 2023

Valid data error exclusions (hospice anytime in 2023 for all)[7]
ED visits that result in an inpatient stay or are followed by an inpatient stay on the day of the ED visit or within seven days after the ED visit

[1]Continuous 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.

[2]Allowable gaps

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

[3]Anchor 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.

[4]Event/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.

[5]Required exclusions

Eligibility criteria that exclude the patient from the denominator, based on claims, enrollment or medical record data. This criteria is mandatory and must be used, regardless of measure compliance.

[7]Valid data error exclusions (hospice anytime in 2023 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.

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

BCS – Breast Cancer Screening

BMD – Bone mineral density test

BP – Blood pressure

CABG – Coronary artery bypass graft

CBP – Controlling Blood Pressure

COA – Care for Older Adults

COL – Colorectal Cancer Screening

DC – Discharge

DOS – Date of service

ED – Emergency department

EED – Eye Exam for Patients with Diabetes

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

Measurement criteria

Measure	Compliance	Medical record or visit type
BCS	**Documented between Oct. 1, 2021, and Dec. 31, 2023:** • Mammogram (any type, including 3D)	**Patient-reported data acceptable: YES** Outpatient: Any visit type
CBP	**Documented in 2023:** • 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	**Patient-reported data acceptable: YES** Outpatient: PCP or practitioner managing patient's BP
HBD	**Documented in 2023:** • Most recent hemoglobin A1c test and result	**Patient-reported data acceptable: YES** Managing provider record: Any visit type
KED	**Documented in 2023:** • eGFR and uACR (or a quantitative urine albumin and urine creatinine test four days or less apart if using in place of uACR)	**Patient-reported data acceptable: YES** Managing provider record: Any visit type
EED	**Documented in 2023:** • Screening (retinal or dilated eye exam) for diabetic retinal disease (negative result in 2022 also acceptable)	**Patient-reported data acceptable: YES** Managing provider record: Any visit type
COA	**Documented in 2023:** • Medication review (signature required for medication review done by prescribing practitioner or clinical pharmacist) • Functional status assessment • Pain assessment	**Patient-reported data acceptable: NO** Outpatient: Any visit type Inpatient: Nonacute setting **Medication review must come from the outpatient medical record.**
TRC (MRP and PED)	**Documented within the appropriate time frame:** • 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.	**Patient-reported data acceptable: NO** Outpatient: Any visit type
FMC	**Documented within the appropriate time frame:** • A follow-up service within seven days after the ED visit (eight total days). Include visits that occur on the same day as the ED visit.	**Patient-reported data acceptable: NO** Outpatient: Any visit type

Measure	Compliance	Medical record or visit type
COL	**Documented in the appropriate time frame, any of the following:** • Fecal occult blood testing (FOBT) during 2023 • Stool DNA (sDNA) with fecal immunochemical test (FIT) test between 2021 and 2023 • Flexible sigmoidoscopy between 2019 and 2023 • Computed tomography (CT) colonography between 2019 and 2023 • Colonoscopy between 2014 and 2023	**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, 2022, and June 30, 2023):** • 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 2023:** • 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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