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CENTERS FOR MEDICARE & MEDICAID SERVICES
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CENTER FOR MEDICARE

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TO: All Medicare Advantage Organizations, Cost Plans, PACE Organizations, and Demonstrations

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SUBJECT: Reporting Requirements for 2020 HEDIS®, HOS, and CAHPS® Measures

Overview

This memorandum contains the Healthcare Effectiveness Data and Information Set (HEDIS) measures required for reporting in 2020 by all Medicare Advantage Organizations (MAOs) and other health plan organization types (**Table 1**). It also includes information about which contracts are required to participate in the Medicare Health Outcomes Survey (HOS) and Consumer Assessment of Healthcare Providers and Systems (CAHPS) Survey.

Sections 422.152 and 422.516 of Volume 42 of the Code of Federal Regulations (CFR) state that contracts must submit quality performance measures as specified by the U.S. Department of Health & Human Services (DHHS) Secretary and the Centers for Medicare & Medicaid Services (CMS).

This memorandum supersedes the reporting requirements for HEDIS, HOS, and CAHPS in the CMS Medicare Managed Care Manual (any volume) or other sources.

HEDIS 2020 Requirements

As part of the clinical quality reporting requirements, in 2020 (the reporting year) Medicare health plans must submit their HEDIS data to the National Committee for Quality Assurance (NCQA) covering the 2019 measurement year. Detailed specifications for HEDIS measures are included in *HEDIS 2020, Volume 2: Technical Specifications for Health Plans.*

All HEDIS 2020 audited summary-level data must be submitted to NCQA by 11:59 p.m. Eastern Time on Monday, June 15, 2020. There are no late submissions. As a reminder CMS will reduce HEDIS measures to 1 star, as specified at §422.164(g)(1), when any HEDIS measures used to populate the Star Ratings are not reported. For Medicare-Medicaid Plans (MMPs), failure to report HEDIS measures may affect quality withhold payments, as articulated in the CMS Core Quality Withhold Technical Notes.

All health plan organizations that are new to HEDIS must become familiar with the requirements for data submission to NCQA and make the necessary arrangements as soon as possible. Information

about the HEDIS audit compliance program is available at https://www.ncqa.org/programs/data-and-information-technology/hit-and-data-certification/hedis-compliance-audit-certification/.

For the 2020 reporting year, MAOs and other health plan organization types listed in **Table 1** must submit audited summary-level data to NCQA. **Table 1** also indicates which organization types must report CAHPS, HEDIS, HOS, and HOS-M data.

Table 1: 2020 Performance Measure Reporting Requirements

Organization Type	CAHPS	HEDIS	HOS	HOS-M
Section 1876 Cost contracts	✓	✓	✓	×
Chronic Care	×	×	×	×
Demonstration: Medicare-Medicaid Plans (MMPs)	✓	✓	✓	×
Employer/Union Only Direct Contract Local CCP	✓	✓	✓	×
Employer/Union Only Direct Contract PFFS	✓	✓	✓	×
HCPP-1833 Cost	×	×	×	×
Local Coordinated Care Plans (LCCP)	✓	✓	✓	×
Medical Savings Account (MSA)	✓	✓	✓	×
PACE	×	×	×	✓
Private Fee-for-Service (PFFS)	✓	✓	✓	×
Regional Coordinated Care Plans (RCCP)	✓	✓	✓	×
Religious Fraternal Benefit Local Coordinated Care Plans (RFB CCP)	✓	✓	✓	×
Religious Fraternal Benefit Private Fee-for-Service	✓	✓	✓	×

× = Not required to report ✓ = Required to report

HEDIS 2020 Summary Contract-Level Data

CMS requires all contracts with an effective date of January 1, 2019 or earlier, that have an organization type marked in **Table 1,** to collect and submit to NCQA the audited summary contract-level data for the HEDIS measures listed in **Table 2**. There is no minimum enrollment requirement for submitting audited summary-level data.

Contract Closures: If your Health Plan Management System (HPMS) contract status becomes "Withdrawn Contract" or "Terminated" with a termination date on or before the June 15, 2020 submission date, then your contract is not required to report for HEDIS 2020. MMPs that terminate as of December 31, 2019 or after, however, are required to report for HEDIS 2020 if they were in operation for the full 2019 contract year. 1876 Cost contracts that are terminating as of December 31, 2019 and are transferring their enrollees into a MA contract which does not have sufficient data to earn their own 2021 Star Ratings may submit their 2020 HEDIS cost contract data to NCQA. All 1876 Cost contracts are required to report the HEDIS measures listed in **Table 2**, regardless of enrollment closure status. See the footnote at the bottom of **Table 2** for exceptions to measures 1876 Cost contracts report.

Contract Consolidations: If your organization consolidates one or more contracts during the change over from measurement to reporting year, then only the surviving contract is required to report audited summary contract-level data including all members from all contracts involved in the consolidation.

Contract Merger or Novation: Organizations that merge or novate at any time throughout the measurement year up until the time of reporting must report audited summary contract-level HEDIS data for each contract in the organization.

Table 2: HEDIS 2020 MA Contract Level Measures for Reporting

HEDIS 2020 MA Contract Level Measures for Reporting: All organizations report all measures except as noted in the footnotes	
Effectiveness of Care	
ABA	Adult BMI Assessment
BCS	Breast Cancer Screening
COL	Colorectal Cancer Screening
SPR	Use of Spirometry Testing in the Assessment and Diagnosis of Chronic Obstructive Pulmonary Disease (COPD)
PCE	Pharmacotherapy Management of COPD Exacerbation
CBP	Controlling High Blood Pressure
PBH	Persistence of Beta-Blocker Treatment After a Heart Attack[1]
SPC	Statin Therapy for Patients with Cardiovascular Disease[1]
CDC	Comprehensive Diabetes Care[2]
SPD	Statin Therapy for Patients With Diabetes[1]
ART	Disease-Modifying Anti-Rheumatic Drug Therapy for Rheumatoid Arthritis
OMW	Osteoporosis Management in Women Who Had a Fracture
AMM	Antidepressant Medication Management
FUH	Follow-Up After Hospitalization for Mental Illness
FUM	Follow-Up After Emergency Department Visit for Mental Illness
FUA	Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence
SAA	Adherence to Antipsychotic Medications for Individuals with Schizophrenia
MRP	Medication Reconciliation Post-Discharge[1]
TRC	Transitions of Care[1]
FMC	Follow-up After Emergency Department Visit for People with Multiple High-Risk Chronic Conditions
PSA	Non-Recommended PSA-Based Screening in Older Men
DDE	Potentially Harmful Drug-Disease Interactions in the Elderly
DAE	Use of High-Risk Medications in the Elderly
HDO	Use of Opioids at High Dosage
UOP	Use of Opioids from Multiple Providers
HOS	Medicare Health Outcomes Survey
FRM	Falls Risk Management (collected in HOS)
MUI	Management of Urinary Incontinence in Older Adults (collected in HOS)
OTO	Osteoporosis Testing in Older Women (collected in HOS)
PAO	Physical Activity in Older Adults (collected in HOS)
FVO	Flu Vaccinations for Adults Ages 65 and Older (collected in CAHPS)
MSC	Medical Assistance With Smoking and Tobacco Use Cessation (collected in CAHPS)
PNU	Pneumococcal Vaccination Status for Older Adults (collected in CAHPS)

HEDIS 2020 MA Contract Level Measures for Reporting: All organizations report all measures except as noted in the footnotes	
Access/Availability of Care	
AAP	Adults' Access to Preventive/Ambulatory Health Services
IET	Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment
Utilization and Risk Adjusted Utilization	
FSP	Frequency of Selected Procedures[1]
IAD	Identification of Alcohol and Other Drug Services[1]
MPT	Mental Health Utilization[1]
ABX	Antibiotic Utilization
PCR	Plan All-Cause Readmissions[1]
HFS	Hospitalization Following Discharge from a Skilled Nursing Facility[1,3]
AHU	Acute Hospital Utilization[1]
EDU	Emergency Department Utilization[1]
HPC	Hospitalization for Potentially Preventable Complications[1]
Health Plan Descriptive Information	
LDM	Language Diversity of Membership
TLM	Total Membership
Measures Collected Using Electronic Clinical Data Systems [4]	
BCS-E	Breast Cancer Screening
COL-E	Colorectal Cancer Screening
DSF	Depression Screening and Follow-Up for Adolescents and Adults
DMS	Utilization of the PHQ-9 to Monitor Depression Symptoms for Adolescents and Adults
DRR	Depression Remission or Response for Adolescents and Adults
ASF	Unhealthy Alcohol Use Screening and Follow-Up
AIS	Adult Immunization Status (incorporates the former Pneumococcal Vaccination Coverage for Older Adults (PVC) measure)

1 Section 1876 Cost contracts do not report the following measures: PCE, PBH, SPC, SPD, MRP, TRC, FSP, IPU, IAD, MPT, PCR, HFS, AHU, EDU, and HPC.

2 HbA1c control <7% for a selected population is not reported for Medicare contracts.

3 The Standardized Healthcare-Associated Infection Ratio measure (HAI) and the Hospitalization Following Discharge from a Skilled Nursing Facility (HSF) will NOT be reported in the 2020 HEDIS PLD.

4 Reporting the measures in the Electronic Clinical Data Systems (ECDS) set is voluntary; however, if they are reported, they must be audited. CMS is collecting these data for review only. The ECDS measures will NOT be included in the Patient-Level Data in HEDIS 2020. The data collected for these measures will NOT be included in any publicly-reported data.

HEDIS 2020 Patient-Level Data (PLD)

All organizations that submit HEDIS summary contract-level data are also required to submit audited HEDIS Patient-Level Data (PLD) files to the designated CMS contractor. **All HEDIS PLD files must be submitted by 11:59 p.m. Eastern Time on June 15, 2020.** Late submissions are not permissible. CMS expects these PLD files to contain the member level details for the data reported in the contracts' HEDIS summary data submissions.

CMS will send an additional HPMS Memorandum later in 2019, which will reiterate the list of required measures for data collection and will provide links to the specific instructions about the data collection and data submission of HEDIS PLD.

2020 Summary PBP-Level Reporting for CCPs with SNPs and MMPs

In 2020, CMS will continue collecting audited summary plan benefit package (PBP) level data from each PBP designated as a SNP offered by any CCP organization. CMS will also collect audited summary PBP level data for each MMP PBP.

A SNP PBP must have had 30 or more members enrolled as listed in the February 2019 SNP Comprehensive Report (this report can be found at this link: http://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/MCRAdvPartDEnrolData/Special- Needs-Plan-SNP-Data.html). SNP PBPs that meet the enrollment criteria must also exist in both the measurement year and reporting years. PBPs that terminated as of December 31, 2019 are not required to report but may still do so voluntarily.

An MMP PBP must have had 30 or more members enrolled as listed in the February 2019 Monthly Enrollment by Plan report (this report can be found at this link: http://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/MCRAdvPartDEnrolData/Monthly-Enrollment-by-Plan.html). MMP PBPs that terminated as of December 31, 2019 or after are required to report, if they were in operation for the full 2019 calendar year.

All SNP and MMP PBPs must report the HEDIS measures in **Table 3**. If a contract has multiple qualifying PBPs, then each qualifying PBP in the contract must report the measures in **Table 3** in a separate submission. MMP and contracts with SNP PBPs do not have to report any additional PLD files. The required HEDIS PLD file submission at the contract level will already include the detail data about the members in the SNP and MMPs PBPs. **Table 3** lists the 2020 HEDIS measures for reporting by all SNP and MMP PBPs.

Table 3: HEDIS 2020 Measures for Reporting by SNPs and MMP PBPs

HEDIS 2020 Plan Benefit Package (PBP) Level Measures for Reporting: All SNP & MMP PBPs Report All Measures	
Effectiveness of Care	
COL	Colorectal Cancer Screening
COA	Care for Older Adults (SNP- and MMP-only measure)
SPR	Use of Spirometry Testing in the Assessment and Diagnosis of Chronic Obstructive Pulmonary Disease (COPD)
PCE	Pharmacotherapy Management of COPD Exacerbation
CBP	Controlling High Blood Pressure
PBH	Persistence of Beta-Blocker Treatment After a Heart Attack
OMW	Osteoporosis Management in Women Who Had a Fracture
AMM	Antidepressant Medication Management
FUH	Follow-Up After Hospitalization for Mental Illness
MRP	Medication Reconciliation Post-Discharge
DDE	Potentially Harmful Drug-Disease Interactions in the Elderly
TRC	Transitions of Care
DAE	Use of High-Risk Medications in the Elderly
Utilization and Risk Adjusted Utilization	
PCR	Plan All-Cause Readmissions

HEDIS Contacts

Please send all questions about HEDIS measure specifications to NCQA's Policy Clarification Support system at my.ncqa.org. For other CMS information about HEDIS, please email HEDISquestions@cms.hhs.gov.

2020 HOS and HOS-M Reporting Requirements

Who Must Report HOS

The following types of MAOs and other health plan organization types with Medicare contracts in effect on or before January 1, 2019 are **required** to report the Baseline HOS in 2020, provided that they have a minimum enrollment of 500 members as of February 1, 2020:

- All MAOs, including all coordinated care plans, PFFS contracts, and MSA contracts
- Section 1876 Cost contracts even if they are closed for enrollment
- Employer/union only contracts
- Medicare Medicaid Plans (MMPs)

In addition, all organizations that reported a Cohort 21 Baseline Survey in 2018 are required to administer a Cohort 21 Follow-up Survey in 2020. In the event of a contract consolidation, merger or novation, the surviving contract must report Follow-Up HOS for all members of all contracts involved. All eligible members of consolidated, merged, or novated contracts will be resurveyed and the results will be reported as one under the surviving contract. In the event of a contract conversion, the contract must report if their new organization type is required to report.

As a reminder, CMS will exclude beneficiaries enrolled in I-SNPs at the PBP level from HOS Baseline beginning in 2020. HCPP 1833 Cost contracts are also excluded from the HOS administration.

Organizations are required to contract with a CMS-approved HOS survey vendor and to notify NCQA of their survey vendor choice no later than **January 10, 2020**. Approved 2020 HOS survey vendors will be listed on www.HOSonline.org. You will receive further correspondence from NCQA regarding your HOS participation. As a reminder, CMS will reduce any HOS Star Ratings measures to 1 star for failure to adhere to HOS reporting requirements, as detailed at §422.164(g)(2).

Optional Reporting for FIDE SNPs

MAOs sponsoring fully integrated dual eligible (FIDE) SNPs may elect to report HOS at the plan benefit package level to determine eligibility for a frailty adjustment payment under the Affordable Care Act. Voluntary reporting at the plan level will be in addition to standard HOS requirements for quality reporting at the contract level. Plans may elect to report HOS-M if they meet certain criteria. Information specific to optional reporting for FIDE SNPs in 2020 will be forthcoming in a separate memo.

Who Must Report HOS-M

The HOS-M is an abbreviated version of the Medicare HOS. The HOS-M assesses the physical and mental health functioning of the beneficiaries enrolled in Programs of All-Inclusive Care for the Elderly (PACE) to generate information for payment adjustment.

All PACE Medicare contracts in effect on or before January 1, 2020 are required by CMS to administer the HOS-M survey in 2020 if they have a minimum enrollment of 30 members.

To report HOS-M, eligible plans must contract with the CMS-approved HOS-M survey vendor no later than **January 10, 2020**. You will receive further correspondence from NCQA regarding your HOS-M participation.

For additional information on the HOS survey, please email HOS@cms.hhs.gov.

2020 CAHPS Survey Requirements

The following types of organizations are included in the CAHPS survey administration if they have a minimum enrollment of 600 eligible members as of July 1, 2019:

- All MAOs, including all coordinated care plans, PFFS contracts, and MSA contracts
- Section 1876 Cost contracts even if they are closed for enrollment
- Employer/union only contracts
- Medicare-Medicaid Plans

PACE and HCPP 1833 Cost contracts are excluded from the CAHPS administration. Beneficiaries enrolled in I-SNPs are excluded from sampling.

Organizations are required to contract with an approved MA & PDP CAHPS vendor for the 2020 CAHPS survey administration. All approved CAHPS survey vendors for the 2020 survey administration will be listed on www.MA-PDPCAHPS.org. CMS will issue additional HPMS memorandums about the CAHPS survey for 2020.

As a reminder CMS will reduce any CAHPS Star Ratings measures to 1 star for failure to adhere to CAHPS reporting requirements as detailed at §422.164(g)(2). For MMPs, failure to adhere to CAHPS reporting requirements may affect quality withhold payments, as articulated in the CMS Core Quality Withhold Technical Notes.

For additional information on the CAHPS survey, please email mp-cahps@cms.hhs.gov.