



## **CENTER FOR MEDICARE**

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**DATE:** May 24, 2021

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

**FROM:** Amy Larrick Chavez-Valdez  
Director, Medicare Drug Benefit and C & D Data Group

Kathryn A. Coleman  
Director, Medicare Drug & Health Plan Contract Administration Group

Jennifer R. Shapiro  
Director, Medicare Plan Payment Group

**SUBJECT:** Reporting Requirements for HEDIS<sup>®</sup> Measurement Year (MY) 2021, HOS, and CAHPS<sup>®</sup> Measures, and Information Regarding HOS and HOS-M for Frailty

### **Overview**

This memorandum contains the Healthcare Effectiveness Data and Information Set (HEDIS) measures required for submission on June 15, 2022, by all Medicare Advantage Organizations (MAOs) and other health plan organizational types listed in Table 1. This memorandum 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, as well as information regarding the timing of HOS and HOS-M survey administration. Finally, we include an update on the timing for release of information on the HOS and HOS-M to be used by fully integrated dual eligible (FIDE) Special Needs Plans (SNPs) that would like to be considered for frailty payments.

CMS has authority to collect various types of quality data under section 1852(e) of the Social Security Act (the Act) and use this information to develop and publicly post a 5-star rating system for Medicare Advantage (MA) plans based on its authority to disseminate comparative information, including about quality, to beneficiaries under sections 1851(d) and 1860D-1(c) of the Act. As codified at § 422.152(b)(3), Medicare health plans are required to report on quality performance data which CMS can use to help beneficiaries compare plans. Cost plans under section 1876 of the Act are also included in the MA Star Rating system, as codified at § 417.472(k), and are required by regulation (§ 417.472(j)) to make CAHPS survey data available to CMS. Medicare-Medicaid Plans (MMPs) are required to report on quality performance data per the terms of their respective three-way contracts.

### **HEDIS MY 2021 Requirements**

As part of the clinical quality reporting requirements, Medicare health plans must submit their HEDIS MY 2021 summary-level data to the National Committee for Quality Assurance (NCQA). Detailed specifications for HEDIS measures are included in the *HEDIS Measurement Year 2020 & Measurement Year 2021 Volume 2: Technical Specifications for Health Plans*.

**All HEDIS MY 2021 audited summary-level data must be submitted to NCQA by 11:59 p.m. Eastern Time on Wednesday, June 15, 2022. There are no late submissions.** For 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 submission to NCQA and make the necessary arrangements to collect the data 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/>. Table 1 indicates which organizational types must report HEDIS, HOS, HOS-M data, and CAHPS.

**Table 1: Organizational Type and Quality Measure Reporting Requirements**

<b>Organizational Type</b>	<b>HEDIS</b>	<b>HOS</b>	<b>HOS-M</b>	<b>CAHPS</b>
Section 1876 Cost contracts	✓	✓	✗	✓
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)	✓	✓	✗	✓

(✗ = Not required to report ✓ = Required to report)

**HEDIS MY 2021 Summary-Level Data (also called HEDIS contract-level data)**

CMS requires all contracts with an effective date of January 1, 2021 or earlier that are an organization type in Table 1 to collect and submit to NCQA audited HEDIS summary-level data (also called HEDIS contract-level data) for the quality measures listed in Table 2. There is no minimum member enrollment for submitting audited HEDIS 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 June 15, 2022, then your contract is not required to submit HEDIS MY 2021 data. MMPs that terminate as of December 31, 2021 or after are required to submit HEDIS MY 2021 data if they were in operation for the full 2021 contract year. All 1876 Cost contracts are required to submit HEDIS MY 2021 data regardless of enrollment closure status. Table 2 footnotes include information about the measure-specific submission exceptions for 1876 Cost contracts.

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 HEDIS 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 HEDIS data for each contract in the organization.

**Table 2: HEDIS MY 2021 MA Summary Contract-Level Measures for Reporting**

<b><i>Effectiveness of Care Measures</i></b>
<b>BCS</b> - Breast Cancer Screening <sup>5</sup>
<b>COL</b> - Colorectal Cancer Screening <sup>5</sup>
<b>SPR</b> - Use of Spirometry Testing in the Assessment and Diagnosis of Chronic Obstructive Pulmonary Disease (COPD) <sup>5</sup>
<b>PCE</b> - Pharmacotherapy Management of COPD Exacerbation <sup>1</sup>
<b>CBP</b> - Controlling High Blood Pressure <sup>5</sup>
<b>PBH</b> - Persistence of Beta-Blocker Treatment After a Heart Attack <sup>1,5</sup>
<b>SPC</b> - Statin Therapy for Patients with Cardiovascular Disease <sup>1,5</sup>
<b>CRE</b> - Cardiac Rehabilitation
<b>CDC</b> - Comprehensive Diabetes Care <sup>5</sup>
<b>KED</b> - Kidney Health Evaluation for Patients With Diabetes <sup>5</sup>
<b>SPD</b> - Statin Therapy for Patients With Diabetes <sup>1,5</sup>
<b>OMW</b> - Osteoporosis Management in Women Who Had a Fracture <sup>5</sup>
<b>OSW</b> - Osteoporosis Screening in Older Women
<b>AMM</b> - Antidepressant Medication Management <sup>5</sup>
<b>FUH</b> - Follow-Up After Hospitalization for Mental Illness <sup>5</sup>
<b>FUM</b> - Follow-Up After Emergency Department Visit for Mental Illness <sup>5</sup>
<b>FUA</b> - Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence
<b>SAA</b> - Adherence to Antipsychotic Medications for Individuals with Schizophrenia <sup>5</sup>
<b>TRC</b> - Transitions of Care <sup>1,4,5</sup>
<b><i>Effectiveness of Care Measures</i></b>
<b>FMC</b> - Follow-up After Emergency Department Visit for People with Multiple High-Risk Chronic Conditions <sup>5</sup>
<b>PSA</b> - Non-Recommended PSA-Based Screening in Older Men
<b>DDE</b> - Potentially Harmful Drug-Disease Interactions in Older Adults
<b>DAE</b> - Use of High-Risk Medications in Older Adults
<b>HDO</b> - Use of Opioids at High Dosage
<b>UOP</b> - Use of Opioids from Multiple Providers
<b>HOS</b> - Medicare Health Outcomes Survey
<b>FRM</b> - Falls Risk Management (collected in HOS)
<b>MUI</b> - Management of Urinary Incontinence in Older Adults (collected in HOS)
<b>PAO</b> - Physical Activity in Older Adults (collected in HOS)
<b>FVO</b> - Flu Vaccinations for Adults Ages 65 and Older (collected in CAHPS)
<b>MSC</b> - Medical Assistance With Smoking and Tobacco Use Cessation (collected in CAHPS)
<b>PNU</b> - Pneumococcal Vaccination Status for Older Adults (collected in CAHPS)
<b><i>Access/Availability of Care measures</i></b>
<b>AAP</b> - Adults' Access to Preventive/Ambulatory Health Services

<b>IET</b> - Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment
<b><i>Utilization and Risk-Adjusted Utilization measures</i></b>
<b>FSP</b> - Frequency of Selected Procedures <sup>1</sup>
<b>IAD</b> - Identification of Alcohol and Other Drug Services <sup>1</sup>
<b>ABX</b> - Antibiotic Utilization
<b>PCR</b> - Plan All-Cause Readmissions <sup>1,5</sup>
<b>HFS</b> - Hospitalization Following Discharge from a Skilled Nursing Facility <sup>1,2,5</sup>
<b>AHU</b> - Acute Hospital Utilization <sup>1,5</sup>
<b>EDU</b> - Emergency Department Utilization <sup>1,5</sup>
<b>HPC</b> - Hospitalization for Potentially Preventable Complications <sup>1,5</sup>
<b><i>Health Plan Descriptive Information</i></b>
<b>LDM</b> - Language Diversity of Membership
<b>ENP</b> - Enrollment by Product Line
<b><i>Measures Collected Using Electronic Clinical Data Systems</i></b>
<b>BCS-E</b> - Breast Cancer Screening <sup>5</sup>
<b>COL-E</b> - Colorectal Cancer Screening <sup>5</sup>
<b>DSF</b> - Depression Screening and Follow-Up for Adolescents and Adults <sup>5</sup>
<b>DMS</b> - Utilization of the PHQ-9 to Monitor Depression Symptoms for Adolescents and Adults <sup>5</sup>
<b>DRR</b> - Depression Remission or Response for Adolescents and Adults
<b>ASF</b> - Unhealthy Alcohol Use Screening and Follow-Up
<b>AIS</b> - Adult Immunization Status (incorporates the former Pneumococcal Vaccination Coverage for Older Adults (PVC) measure)

- <sup>1</sup> Section 1876 Cost contracts do not report the following measures: PCE, PBH, SPC, SPD, TRC, FSP, IAD, PCR, HFS, AHU, EDU, and HPC.
- <sup>2</sup> The Hospitalization Following Discharge from a Skilled Nursing Facility (HFS) will NOT be reported in the HEDIS MY 2021 patient-level detail data file.
- <sup>3</sup> Reporting the measures in the Electronic Clinical Data Systems (ECDS) set is voluntary. If they are reported, then the data must be audited. CMS is collecting these data for review only. The ECDS measures will NOT be included in the HEDIS MY 2021 patient-level detail data file. The data collected for these measures will NOT be publicly reported.
- <sup>4</sup> Medication Reconciliation Post-Discharge (MRP) measure is still collected as an indicator in the TRC measure.
- <sup>5</sup> Additional codes have been added to capture information from telehealth visits. Information is in the *HEDIS Measurement Year 2020 & Measurement Year 2021 Volume 2: Technical Specifications for Health Plans*.

### **HEDIS MY 2021 Patient-Level Detail data files**

All organizations that submit HEDIS summary contract-level data are also required to submit audited HEDIS Patient-Level Detail (PLD) data files to CMS’s HEDIS PLD contractor. **All HEDIS PLD files must be submitted by 11:59 p.m. Eastern Time on June 15, 2022. There are no late submissions.**

CMS expects that the HEDIS PLD files will contain the member-level details for the summary contract-level data files. CMS will send its annual HPMS memorandum in November 2021 with additional information about data submission of HEDIS PLD. We anticipate that there will be an optional dry run for HEDIS PLD data submission in April 2022.

**MY 2021 Summary Plan Benefit Package (PBP)-Level Reporting for Coordinated Care Plans (CCPs) with Special Needs Plans (SNPs) and Medicare-Medicaid Plans (MMPs)**

In 2022, CMS will continue collecting audited summary and PBP-level data from each PBP designated as a SNP offered by any CCP. 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 2021 SNP Comprehensive Report (this report can be found at this link: <http://www.cms.gov/Research-Statistics-Data-and-Systems/Statistics-Trends-and-Reports/MCRAAdvPartDENrolData/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, 2021 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 2021 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/MCRAAdvPartDENrolData/Monthly-Enrollment-by-Plan.html>). MMP PBPs that terminated as of December 31, 2021 or after are required to report, if they were in operation for the full 2021 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. MMPs 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 MMP PBPs. Table 3 lists the HEDIS MY 2021 measures for reporting by all SNP and MMP PBPs.

**Table 3: HEDIS MY 2021 Measures for Reporting by SNPs and MMP PBPs**

<b><i>Effectiveness of Care Measures</i></b>
<b>COL</b> - Colorectal Cancer Screening <sup>5</sup>
<b>COA</b> - Care for Older Adults (SNP- and MMP-only measure)
<b>SPR</b> - Use of Spirometry Testing in the Assessment and Diagnosis of Chronic Obstructive Pulmonary Disease (COPD) <sup>5</sup>
<b>PCE</b> - Pharmacotherapy Management of COPD Exacerbation
<b>CBP</b> - Controlling High Blood Pressure <sup>5</sup>
<b>PBH</b> - Persistence of Beta-Blocker Treatment After a Heart Attack <sup>5</sup>
<b>OMW</b> - Osteoporosis Management in Women Who Had a Fracture <sup>5</sup>
<b>AMM</b> - Antidepressant Medication Management <sup>5</sup>
<b>FUH</b> - Follow-Up After Hospitalization for Mental Illness <sup>5</sup>
<b>DDE</b> - Potentially Harmful Drug-Disease Interactions in the Elderly
<b>TRC</b> - Transitions of Care <sup>4,5</sup>
<b>DAE</b> - Use of High-Risk Medications in the Elderly
<b><i>Utilization and Risk-adjusted Utilization measures</i></b>
<b>PCR</b> - Plan All-Cause Readmissions <sup>5</sup>

<sup>4</sup> Medication Reconciliation Post-Discharge (MRP) measure is still collected as an indicator in the TRC measure.

<sup>5</sup> Additional codes have been added to capture information from telehealth visits. Information is in the *HEDIS Measurement Year 2020 & Measurement Year 2021 Volume 2: Technical Specifications for Health Plans*.

## **HEDIS Contacts**

Please send all questions about HEDIS measure specifications to NCQA's Policy Clarification Support System at [my.ncqa.org](http://my.ncqa.org). For other CMS questions about HEDIS, please email [HEDISquestions@cms.hhs.gov](mailto:HEDISquestions@cms.hhs.gov).

## **2022 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, 2021 are **required** to report the Cohort 25 Baseline HOS in 2022 if they have a minimum enrollment of 500 members as of February 1, 2022:

- 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
- MMPs

In addition, all organizations that reported Cohort 23 Baseline Survey in 2020 are required to administer the Cohort 23 Follow-Up Survey in 2022. In the event of contract consolidations, mergers, or novations, surviving contracts must report Follow-Up HOS for 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.

CMS excludes from HOS Baseline beneficiaries enrolled in I-SNPs at the PBP level. HCPP 1833 Cost contracts are also excluded from the HOS administration.

MAOs will receive further correspondence regarding HOS participation from NCQA by March 31, 2022.

### ***Who Must Report HOS-M***

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

All PACE contracts in effect on or before January 1, 2021 are required by CMS to administer the HOS-M survey in 2022 if they have a minimum enrollment of 30 members as of February 2022. Eligible PACE organizations will receive further correspondence from NCQA regarding HOS-M participation by March 1, 2022.

### ***HOS and HOS-M Survey Administration***

CMS will continue to field the HOS and HOS-M surveys from mid-July through November going forward.

Organizations are required to contract with an approved HOS or HOS-M survey vendor and to notify NCQA of their choice. Approved 2022 HOS survey vendors will be listed on [www.HOSonline.org](http://www.HOSonline.org).

For additional information on 2022 HOS or HOS-M, please email [HOS@cms.hhs.gov](mailto:HOS@cms.hhs.gov).

### ***Optional Reporting of the HOS or HOS-M for FIDE SNPs for Frailty Consideration***

MAOs that anticipate sponsoring FIDE SNPs in the applicable payment year may elect to report HOS at the PBP level to determine their eligibility for a frailty adjusted payment, as discussed in CMS's Advance Notices and Rate Announcements.<sup>6</sup> Voluntary reporting at the plan level will be in addition to standard HOS requirements for quality reporting at the contract level. Plans that meet certain criteria may elect to report HOS-M.

The timeline for fielding the HOS also applies to FIDE SNPs' fielding of the survey for frailty consideration. The HPMS memorandum containing information on optional reporting for FIDE SNPs and participation in the HOS or HOS-M for frailty consideration will be sent in early 2022. Please note that eligible FIDE SNPs that wish to participate in the HOS or HOS-M for frailty consideration must make their survey selection through the automated process online via HPMS. All selections must be submitted in HPMS by the date indicated in the memorandum.

Questions regarding the HOS and HOS-M for frailty consideration can be submitted to the CMS Risk Adjustment Policy mailbox at [RiskAdjustmentPolicy@cms.hhs.gov](mailto:RiskAdjustmentPolicy@cms.hhs.gov).

### **2022 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, 2021:

- 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
- MMPs

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 2022 CAHPS survey administration. All approved CAHPS survey vendors for the 2022 survey administration will be listed on [www.MA-PDPCAHPs.org](http://www.MA-PDPCAHPs.org). CMS will issue additional information through HPMS about the CAHPS survey for 2022. As a reminder, 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](mailto:mp-cahps@cms.hhs.gov).

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<sup>6</sup> <https://www.cms.gov/Medicare/Health-Plans/MedicareAdvtgSpecRateStats/Announcements-and-Documents>