

Acronym	Measure name	Medicare Star Measure	HEDIS MY 2021 Technical Specification Changes *Only measures with changes for MY 2020 and MY 2021 are included are included
AAB	Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis/Bronchiolitis		<ul style="list-style-type: none"> Clarified that visits that result in an inpatient stay are excluded
ADD	Follow Up Care for Children Prescribed ADHD Medication		<ul style="list-style-type: none"> Initiation Phase: Telehealth and/or telephone visits are now acceptable for the follow-up visit during the 30-day Initiation Phase. Continuation and Maintenance (C&M) Phase: E-visits and/or virtual check-ins are now acceptable for the follow-up visits after the Initiation Phase
AMM	Antidepressant Medication Management		<ul style="list-style-type: none"> Any diagnosis of major depressive disorder can now be identified during e-visits and/or virtual check-ins
AMR	Asthma Medication Ratio		<ul style="list-style-type: none"> The diagnosis of asthma can now be identified at telehealth visits, telephone visits, e-visits, and/or virtual check-ins. Visit type need not be the same for the four visits Added dupilumab to the "Anti-interleukin-4" description in the Dupilumab Medications List *
APP	Use of First-Line Psychosocial Care for Children and Adolescents on Antipsychotics		<ul style="list-style-type: none"> Added telephone visits, e-visits, and/or virtual check-ins to the event/diagnosis for required exclusions (step 4)
BCS	Breast Cancer Screening	√	<ul style="list-style-type: none"> Advanced Illness exclusion can be captured by telephone visits, e-visits, and virtual check-ins Included in Palliative Care, mandatory exclusion Added donepezil-memantine to the Dementia Medications List for the advanced illness exclusion *
CBP	Controlling High Blood Pressure		<ul style="list-style-type: none"> Member must have two identified diagnoses of HTN in the first six months of the measurement year and the year prior to the measurement year The diagnosis of HTN can now be identified at telehealth visits, telephone visits, e-visits, and/or virtual check-ins. Visit type need not be the same for the two visits BP readings are acceptable via telephone visits, e-visits, and/or virtual check-ins Member-reported BP readings are acceptable BP readings can be taken from any digital device Advanced Illness exclusion can be captured by telephone visits, e-visits, and virtual check-ins Included in Palliative Care, mandatory exclusion Added donepezil-memantine to the Dementia Medications List for the advanced illness exclusion *
CCS	Cervical Cancer Screening		<ul style="list-style-type: none"> Member-reported cervical cancer screening is acceptable. Medical record documentation must include the date of the test, test results, and provider who performed the test Included in Palliative Care, mandatory exclusion Clarified that documentation of "vaginal hysterectomy" meets criteria for documentation of hysterectomy with no residual cervix (optional exclusion) (hybrid)

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CDC	Comprehensive Diabetes Care	√	<ul style="list-style-type: none"> • Retired the Medical Attention to Nephropathy indicator for the Commercial product. Still exists for Medicare • The diagnosis of diabetes mellitus (type I or type II) can now be identified at telehealth visits, telephone visits, e-visits, and/or virtual check-ins. Visit type need not be the same for the two visits • BP readings are now acceptable via telephone visits, e-visits, and/or virtual check-ins • Member-reported HbA1c results are acceptable. Medical record documentation must include the date of the test and test results • Member-reported BP readings are acceptable • BP readings can be taken from any digital device • Eye exam results can be interpreted by artificial intelligence (software program that uses algorithm to analyze images of the eye taken with a retina camera) • Added nebivolol-valsartan to the “Antihypertensive combinations” description in the ACE inhibitor and ARB Medications List * • Advanced Illness exclusion can be captured by telephone visits, e-visits, and virtual check-ins • Included in Palliative Care, mandatory exclusion • Added donepezil-memantine to the Dementia Medications List for the advanced illness exclusion) *
CIS	Childhood Immunization Status		<ul style="list-style-type: none"> • Combination rates 2, 4, 5, 6, 8 and 9 have been retired. The measure calculates a rate for each vaccine and three combination rates; 3, 7, and 10 • LAIV (influenza) vaccine must occur on the child’s second birthday
COL	Colorectal Cancer Screening	√	<ul style="list-style-type: none"> • Member-reported colorectal cancer screening is acceptable. Medical record documentation must include the date of the test, test results, and provider who performed the test • Advanced Illness exclusion can be captured by telephone visits, e-visits, and virtual check-in • Included in Palliative Care, mandatory exclusion • Added donepezil-memantine to the Dementia Medications List for the advanced illness exclusion) *
COU	Risk of Continued Opioid Use		<ul style="list-style-type: none"> • Included in Palliative Care, mandatory exclusion • Added Aspirin Codeine Medications List, the Codeine Phosphate Medications List, and the Acetaminophen Benzhydrocodone Medications List *
CRE	Cardiac Rehabilitation		<p>The percentage of members 18 years and older who attended cardiac rehabilitation following a qualifying cardiac event including myocardial infarction, percutaneous coronary intervention, coronary artery bypass grafting, heart and heart/lung transplantation, or heart valve repair/replacement.</p> <ul style="list-style-type: none"> • Administrative measure • Includes all lines of business: Commercial, Medicare, and Medicaid • Measurement timeframe: July 1, 2019–June 30, 2020 • 4 reporting rates (numerator): <ul style="list-style-type: none"> ○ Initiation: at least 2 sessions of cardiac rehab from episode date — 30 days after ○ Engagement 1: at least 12 sessions of cardiac rehab from episode date — 90 days after ○ Engagement 2: at least 24 sessions of cardiac rehab from episode date — 180 days after ○ Achievement: at least 36 sessions of cardiac rehab from episode date — 180 days after • Required exclusions: inpatient discharge with one of the above DX during the 180 days after the initial episode, Palliative Care, Hospice, Advanced Illness, and Frailty
CWP	Appropriate Testing for Pharyngitis		<ul style="list-style-type: none"> • Updated the instructions for excluding visits that result from an inpatient stay
DAE	Use of High-Risk Medications in Older Adults		<ul style="list-style-type: none"> • Updated the age of Medicare members in the eligible population to 67 years of age • Included in Palliative Care, mandatory exclusion • Added two additional reporting rates. Rate 2: High-Risk Medications to Avoid Except for Appropriate Diagnosis and Total rate • The measure reflects potentially inappropriate medication use in older adults, both for medications where any use is inappropriate (Rate 1) and for medications where use under all but specific indications is potentially inappropriate (Rate 2). Note: A lower rate represents better performance

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DDE	Potentially Harmful Drug-Disease Interactions in Older Adults		<ul style="list-style-type: none"> Included in Palliative Care, mandatory exclusion Added donepezil-memantine to the Dementia Medications List for the advanced illness exclusion) *
FMC	Follow-Up After Emergency Department Visit for People with Multiple High Risk Chronic Conditions		<ul style="list-style-type: none"> Follow-up visits can now be conducted as a telephone visit, e-visit, and/or virtual check-in The eligible chronic condition diagnoses can be now be identified during telehealth visits, telephone visits, e-visits, and/or virtual check-ins. Visit type need not be the same for the two visits, but the visits must be for the same eligible chronic condition Clarified that ED visits that result in an inpatient stay are excluded
FUA	Follow-Up After Emergency Department Visit for Alcohol and Other Drug Abuse or Dependence		<ul style="list-style-type: none"> Follow up visits can now be conducted as a telephone visit, e-visit, and/or virtual check-in
FUH	Follow-Up After Hospitalization for Mental Illness		<ul style="list-style-type: none"> Follow-up visits for intensive outpatient encounters, partial hospitalizations, community mental health centers, and electroconvulsive therapy settings no longer require a mental health provider to perform the visit Follow-up visits at a behavioral health care setting are now appropriate Follow-up visits can be conducted as a telephone visit
FUM	Follow-Up After Emergency Department Visit for Mental Illness		<ul style="list-style-type: none"> Follow-up visits can be conducted as a telephone visit
HDO	Use of Opioids at High Dosage		<ul style="list-style-type: none"> Included in Palliative Care, mandatory exclusion Added medication lists for acetaminophen benzhydrocodone, aspirin codeine, and codeine phosphate *
HFS	Hospitalization Following Discharge from a Skilled Nursing Facility		<ul style="list-style-type: none"> Revised the age requirements to 65 years and older
IET	Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence Treatment		<ul style="list-style-type: none"> Added value sets for opioid treatment services that are billed weekly or monthly to the denominator and numerators
KED	Kidney Health Evaluation for Patients with Diabetes		<p>The percentage of members 18–25 with diabetes (type 1 and type 2) who received a kidney health evaluation, defined by an estimated glomerular filtration rate (eGFR) and a urine albumin-creatinine ration (uACR), during the measurement year.</p> <ul style="list-style-type: none"> Administrative measure Includes all lines of business: Commercial, Medicare, and Medicaid Measurement timeframe: January 1, 2020–December 31, 2020 Numerator: <ul style="list-style-type: none"> Need BOTH a eGFR and urine albumin and urine creatinine test Required exclusions: ESRD, palliative care, hospice, advanced illness, and frailty
MPT	Mental Health Utilization		<ul style="list-style-type: none"> Mental health services can be performed by telephone visits, e-visits, and/or virtual check-ins.
OMW	Osteoporosis Management in Women who had Fracture	√	<ul style="list-style-type: none"> Advanced Illness exclusion can be captured by telephone visits, e-visits, and virtual check-ins Included in Palliative Care, mandatory exclusion Added donepezil-memantine to the Dementia Medications List for the advanced illness exclusion) * Clarified that visits that result in an inpatient stay are excluded

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OSW	Osteoporosis Screening in Older Women (OSW)		<p>The percentage of women 65–75 years of age who received osteoporosis screening.</p> <ul style="list-style-type: none"> • Administrative measure • Includes Medicare line of business • Measurement timeframe: January 1, 2020–December 31, 2020 • Numerator: <ul style="list-style-type: none"> ◦ One or more osteoporosis screening tests on or between the member's 65th birthday and December 31, 2020 • Required exclusions: Patients who had a claim/encounter for osteoporosis therapy and/or had a dispensed prescription to treat osteoporosis anytime on or between January 1 three years prior to the measurement year through December 31 of year prior to measurement year, palliative care, hospice, advanced illness, and frailty
PBH	Persistence of Beta-Blocker Treatment After a Heart Attack		<ul style="list-style-type: none"> • Advanced Illness exclusion can be captured by telephone visits, e-visits, and virtual check-ins. • Added donepezil-memantine to the Dementia Medications List for the advanced illness exclusion) *
PCE	Pharmacotherapy Management of COPD Exacerbation		<ul style="list-style-type: none"> • Added fluticasone furoate-umeclidinium-vilanterol and formoterol-aclidinium to the "Bronchodilator combinations" description in the Bronchodilator Medications List *
PPC	Prenatal and Postpartum Care		<ul style="list-style-type: none"> • Clarified that visits that occur prior to the enrollment start date (during the pregnancy) meet criteria. • Prenatal and postpartum care services can now be provided via telephone, e-visit, or virtual check-in.
SAA	Adherence to Antipsychotic Medications for Individuals with Schizophrenia		<ul style="list-style-type: none"> • The identification of members with the diagnosis of schizophrenia or schizoaffective disorder during the measurement year can be captured via telephone visits, e-visits, and virtual check-ins. • Advanced Illness exclusion can be captured by telephone visits, e-visits, and virtual check-ins. • Added donepezil-memantine to the Dementia Medications List for the advanced illness exclusion).*
SPC	Statin Therapy for Patients with Cardiovascular Disease	√	<ul style="list-style-type: none"> • The diagnosis of ischemic vascular disease (IVD) can now be identified at telehealth visits, telephone visits, e-visits, and/or virtual check-ins. Visit type need not be the same for the two visits • Added pitavastatin 1 mg to the Pitavastatin Moderate Intensity Medications List and deleted the Pitavastatin Low Intensity Medications List * • Advanced Illness exclusion can be captured by telephone visits, e-visits, and virtual check-ins • Included in Palliative Care, mandatory exclusion • Added donepezil-memantine to the Dementia Medications List for the advanced illness exclusion) *
SPD	Statin Therapy for Patients with Diabetes (SPD)		<ul style="list-style-type: none"> • The diagnosis of diabetes mellitus (type I or type II) can now be identified at telehealth visits, telephone visits, e-visits, and/or virtual check-ins. Visit type need not be the same for the two visits • The diagnosis of ischemic vascular disease (IVD) can now be identified at telehealth visits, telephone visits, e-visits, and/or virtual check-ins for identification of <i>exclusions</i>. Visit type need not be the same for the two visits • Advanced Illness exclusion can be captured by telephone visits, e-visits, and virtual check-ins • Included in Palliative Care, mandatory exclusion • Added donepezil-memantine to the Dementia Medications List for the advanced illness exclusion) *
SPR	Use of Spirometry Testing in the Assessment and Diagnosis of COPD		<ul style="list-style-type: none"> • Added telephone visits, e-visits, and virtual check-ins to confirm the event/diagnosis of COPD • Clarified that visits that result in an acute inpatient stay are excluded (Step 2)

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TRC	Transitions of Care	√	<ul style="list-style-type: none"> Revised the time frame for the Notification of Inpatient Admission and Receipt of Discharge Information indicators to the day of admission/discharge through two days (three total days) (hybrid only) Revised the “one medical record” requirement to allow any outpatient medical record that is accessible to the PCP or ongoing care provider Revised the hybrid specifications for the Receipt of Discharge Information indicator. D/C Summary must include instructions for patient care post-discharge Patient Engagement After Inpatient Discharge visit can be captured via e-visits and virtual check-ins Clarified that medication reconciliation does not require the member to be present
UOP	Use of Opioids From Multiple Providers		<ul style="list-style-type: none"> Added Aspirin Codeine Medications List, the Codeine Phosphate Medications List and the Acetaminophen Benzhydrocodone Medications List*
URI	Appropriate Treatment for Upper Respiratory Infection		<ul style="list-style-type: none"> Clarified that visits that result in an inpatient stay are excluded
WCC	Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents		<ul style="list-style-type: none"> Member reported biometric values (BMI, height, and weight) are acceptable Services rendered during a telephone visit, e-visit, or virtual check-in meet criteria for the Counseling for Nutrition and Counseling for Physical Activity indicators
W30	Well-Child Visits in the First 30 Months of Life		<ul style="list-style-type: none"> Revised the measure name from Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life Retired the 0, 1, 2, 3, 4, and 5 well-child visit rates Two reporting rates: Rate 1: Well-Child Visits in the First 15 Months. Children who turned 15 months old during the measurement year Six or more well-child visits and Rate 2: Well-Child Visits for Age 15 Months–30 Months. Children who turned 30 months old during the measurement year and had two or more well-child visits Well-child visits can be conducted by real-time interactive audio and video telecommunications
WCV	Child and Adolescent Well-Care Visits		<ul style="list-style-type: none"> This measure is a combination measure that replaces the former “Well-Child Visits in the Third, Fourth, Fifth, and Sixth Years of Life” and “Adolescent Well-Care Visits” HEDIS measures Added members age 7–11 years Well-child visits can be conducted by real-time interactive audio and video telecommunications

What is telehealth?

Synchronous telehealth visits, telephone visits and asynchronous telehealth (e-visits, virtual check-ins) are considered separate modalities for HEDIS reporting. Measure specifications will indicate when a specific type of telehealth is eligible for use.

Types of telehealth include:

- Synchronous telehealth - requires real-time interactive audio and video telecommunications
- Asynchronous telehealth (sometimes referred to as an e-visit or virtual check-in) - not “real-time” but still requires two-way interaction between the member and provider

* Medication lists that include NDC codes updated by NCQA on 3/31/2021