March 31, 2021

Dear Colleague:

NCQA is pleased to present the Measurement Year (MY) 2021 HEDIS®¹ for the Quality Rating System: Technical Update. With this release, NCQA freezes the HEDIS technical specifications for MY 2021. This memo contains corrections, policy changes and clarifications to the MY 2021 HEDIS for the Quality Rating System.

The final versions of the Medication List Directory (MLD), Value Set Directory (VSD) and the risk-adjustment tables for MY 2021 reporting are available for free order in the NCQA Store. Once ordered, they will be made available in the My Downloads section of My NCQA.

- MY 2021 Quality Rating System (QRS) HEDIS Value Set Directory:  
- HEDIS MY 2021 Medication List Directory: https://store.ncqa.org/hedis-my-2021-medication-list-directory.html
- HEDIS MY 2021 Risk Adjustment Tables: https://store.ncqa.org/hedis-my-2021-risk-adjustment-tables.html

Changes listed in this document are required for HEDIS MY 2021 reporting. Review all items in the table below and incorporate them into your implementation processes. If information in this memo contradicts a previous My NCQA system response, then the response is obsolete.

If you have questions about information included in the Technical Update or about other measure specifications, contact us through My NCQA (https://my.ncqa.org). We wish everyone a successful HEDIS data collection season!

Sincerely,

Cindy Ottone, MHA
Director, Performance Measurement

Enclosure

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Unadjusted Uncertified Measures: A calculated measure result (a “rate”) from a HEDIS measure that has not been certified via NCQA’s Measure Certification Program, and is based on unadjusted HEDIS specifications, may not be called a “Health Plan HEDIS rate” until it is audited and designated reportable by an NCQA-Certified HEDIS Compliance Auditor. Until such time, such measure rates shall be designated or referred to as “Uncertified, Unaudited Health Plan HEDIS Rates.”

Adjusted Uncertified Measures: A calculated measure result (a “rate”) from a HEDIS measure that has not been certified via NCQA’s Measure Certification Program, and is based on adjusted HEDIS specifications, may not be called an “Adjusted HEDIS rate” until it is audited and designated reportable by an NCQA-Certified HEDIS Compliance Auditor. Until such time, such measure rates shall be designated or referred to as “Adjusted, Uncertified, Unaudited HEDIS Rates.”

Limited proprietary coding is contained in the measure specifications for convenience. Users of the proprietary code sets should obtain all necessary licenses from the owners of these code sets. NCQA disclaims all liability for use or accuracy of any coding contained in the specifications.

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**Specification Updates**

This document contains corrections, policy changes and clarifications to *MY 2021 HEDIS for the Quality Rating System*. NCQA has identified the appropriate page number, measure/guideline and head/subtitle for each item.

<table>
<thead>
<tr>
<th>Page</th>
<th>Measure/Guideline</th>
<th>Head/Subtitle</th>
<th>Update</th>
</tr>
</thead>
</table>
| 119  | Comprehensive Diabetes Care | Administrative Specification—Numerators, Eye Exam | Delete the third bullet on page 119 that reads:  
- Any code in the *Diabetic Retinal Screening Value Set* billed by an eye care professional (optometrist or ophthalmologist) during the year prior to the measurement year, with a negative result (negative for retinopathy). |
| 119  | Comprehensive Diabetes Care | Administrative Specification—Numerators, Eye Exam | Replace the fifth bullet on page 119 that reads:  
- Any code in the *Eye Exam With Evidence of Retinopathy Value Set* or *Eye Exam Without Evidence of Retinopathy Value Set* billed by any provider type during the measurement year.  
with the following:  
- Any code in the *Eye Exam With Evidence of Retinopathy Value Set*, *Eye Exam Without Evidence of Retinopathy Value Set* or *Automated Eye Exam Value Set* billed by any provider type during the measurement year. |
| 152  | Plan All-Cause Readmissions | Definitions—Plan population                | Add the following text as the second paragraph:  
Members must be 18 and older as of the earliest Index Discharge Date. |
| 157  | Plan All-Cause Readmissions | Reporting: Number of Members in Plan Population | Replace the text in Step 1 with the following text:  
Determine the member’s age as of the earliest Index Discharge Date. |
| 157  | Plan All-Cause Readmissions | Reporting: Number of Outliers              | Replace the text in Step 1 with the following text:  
Determine the member’s age as of the earliest Index Discharge Date. |
| 167  | Use of Imaging Studies for Low Back Pain | Corticosteroid Medications table | In the “Corticosteroid” row, replace Betamethasone” with “Betamethasone/Betamethasone acetate.” |