

New HEDIS® Measures for Measurement Years (MY) 2023

Each year, between February and May, data from the prior calendar year is collected on several standardized quality measures. Most of these measures remain the same year after year: preventive screenings, immunizations, and treatment of chronic conditions such as diabetes and hypertension. For certain measures data is collected through claims or member surveys; for others, through review of medical records, while still others are extracted directly from electronic clinical data systems (ECDS). Occasionally, measures may be retired, and new measures are added. Below are a few of the new or changed measures the National Committee on Quality Assurance (NCQA) has added for MY2023:

Topical Fluoride for Children (TFC) The percentage of members 1–4 years of age who received at least two fluoride varnish applications during the measurement year.

- First year measure- Medicaid Only

Note: Required exclusions members in hospice or using hospice services any time during the measurement year. Members who died any time during the measurement year.

Oral Evaluation, Dental Services (OED) The percentage of members under 21 years of age who received a comprehensive or periodic oral evaluation with a dental provider during the measurement year.

- First year measure- Medicaid Only

Note: Required exclusions members in hospice or using hospice services any time during the measurement year. Members who died any time during the measurement year.

Deprescribing of Benzodiazepines in Older Adults (DBO) The percentage of members 67 years of age and older who were dispensed benzodiazepines and achieved a 20% decrease or greater in benzodiazepine dose (diazepam milligram equivalent [DME] dose) during the measurement year.

- First year measure- Medicare Only

Note: Required exclusions members with a history of seizure disorders, REM Sleep Behavior Disorder, Benzodiazepine or Ethanol withdrawal. Members receiving Palliative Care or using Hospice Services anytime during the measurement year.

Emergency Department Visits for Hypoglycemia in Older Adults with Diabetes (EDH) For members 67 years of age and older with diabetes (types 1 and 2), the risk-adjusted ratio of observed to expected (O/E) emergency department (ED) visits for hypoglycemia during the measurement year.

- First year measure- Medicare Only

Note: Required exclusions members who do not have a diagnosis of diabetes, in any setting, during the measurement year or the year prior to the measurement year **and** who had a diagnosis of polycystic ovarian syndrome, gestational diabetes or steroid-induced diabetes, in any setting, during the measurement year or the year prior to the measurement year. Members in hospice or using hospice services any time during the measurement year.

Measures Newly Specified for Electronic Clinical Data Systems (ECDS) Reporting

Cervical Cancer Screening (CCS-E).

Social Need Screening and Intervention (SNS-E).

Revised Measures (MY)2022

Comprehensive Diabetes Care (CDC) has been revised into three standalone measures:

- **Blood Pressure Control for Patients with Diabetes (BPD)** examines members 18-75 years of age with diabetes (types 1 and 2) whose blood pressure (BP) was controlled (<140/90 mm Hg) during the measurement year.
- **Hemoglobin A1c Control for Patients with Diabetes (HBD)** examines members 18-75 years of age with Diabetes (type 1 and 2) whose Hb A1c was at the following levels during the measurement year.
 - HbA1c control (<8.0%)
 - HbA1c poor control (>9.0%)
- **Eye Exam for Patients with Diabetes (EED)** examines members 18-75 years of age with diabetes (types 1 and 2) who had a retinal eye exam.

Telehealth Codes

CMS (Center for Medicare and Medicaid Services) relaxed some of its rules on Telemedicine due to the COVID pandemic, adding 80 services to its list of services that could be provided using telehealth, instead of requiring in-person face-to-face visits.

NCQA (National Committee for Quality Assurance) has now likewise changed their requirements to allow telehealth visits, telephone visits and e-visits or virtual check-ins to meet the specifications for many HEDIS (Healthcare Effectiveness and Data Information Set) measures.

These include: Well visits for babies, children and adolescents; ADHD medication follow-up visits; Prenatal care visits; Care for older adults; and follow up visits after hospitalization and/or ED visits. NCQA defines these different modalities as follows:

Telehealth requires real-time interactive audio and video telecommunications. Telehealth is billed using standard CPT and HCPCS codes for professional services along with a telehealth modifier (**GT or 95**) and/or a telehealth place of service code (**02**).

A *telephone visit* is real-time interactive audio communication. CPT codes for telephone visits are: **98966-98968** and **99441-99443**.

An *e-visit* or *virtual check-in* is not real-time, but still requires two-way interaction between the member and provider. For example, a patient portal, secure text messaging or email (such as

MyChart). CPT codes for these online assessments are: **98969-98972; 99421-99423; 99444** and **99458**.

As physicians, you can help improve quality of care by:

- Encouraging your patients to schedule preventive exams
- Reminding your patients to follow up with ordered tests and procedures
- Making sure necessary services are being performed in a timely manner
- Submitting claims with proper HEDIS® codes
- Accurately documenting all services and results (if appropriate) in the patient's medical

We need to work together to improve and maintain higher quality of care. When our members are healthy, everyone benefits!