New HEDIS® Measures for Measurement Year (MY) 2025

Each year, between February and May, Sentara Health Plans performs a review of a sample of our member's medical records as part of the HEDIS quality study. HEDIS is part of a nationally recognized quality improvement initiative and is used by CMS, NCQA, and several states to monitor the performance of managed care organizations. HEDIS® medical record review is a retrospective review of services and performance of care from the prior calendar year. For certain measures data is collected through claims or member surveys; for others, through review of medical records, and some measures are extracted directly from electronic clinical data systems (ECDS). Occasionally, measures may be retired, and new measures are added. For Measurement Year 2025, NCQA added three HEDIS quality measures, retired four measures and made smaller changes across multiple measures. In addition, NCQA is continuing their transition to ECDS reporting.

ECDS Reporting
NCQA retired the Administrative and Hybrid reporting methods for **Childhood Immunization Status, Immunizations for Adolescents** and **Cervical Cancer Screening**. Only the ECDS Method will be used for these measures.

Retired HEDIS Measures for MY 2025

- **Care for Older Adults.** NCQA retired the Pain Assessment indicator due to the inability to differentiate between acute and chronic pain, and the requirement for a comprehensive assessment or a follow- up after assessment.
- **Antidepressant Medication Management.** NCQA retired this measure because it did not address other guideline-recommended, non-pharmacological components of care for medication adherence for depression care. In addition, NCQA found the measure specifications did not adequately capture appropriate clinical judgement to avoid pharmacological treatments.

New HEDIS Measures (MY)2025

For Measurement Year 2025, NCQA added three HEDIS measures which will all be reported using the ECDS reporting method.

- **Documented Assessment After Mammogram*** The percentage of episodes for members 40–74years of age with mammograms documented in the form of a BI-RADS assessment within 14 days of the mammogram.
- **Intent:** This measure addresses the need for timely documentation of breast cancer screening results using the American College of Radiology's BI-RADS assessment categories. BI-RADS standardizes reporting of findings into six assessment categories for further management.
- **Follow-Up After Abnormal Breast Cancer Assessment**** The percentage of episodes for members 40–74 years of age with inconclusive or high-risk BI-RADS assessments that received appropriate follow-up within 90 days of the assessment.

- **Intent:** This measure assesses for timely follow-up after inconclusive or high-risk assessments. Successful identification of cancer relies on appropriate follow-up of abnormal results. Failure to complete timely diagnostic testing can undermine the significance of screening. It is estimated that up to 30% of women fail to attend recommended immediate follow-up for high-risk mammograms.[1] Studies have found that delayed time to follow-up after abnormal mammography plays a role survival rates among underserved minority women.[2] Thus, an opportunity exists to improve breast cancer screening follow-up and reduce the public health burden of this illness.
- **Blood Pressure Control for Patients with Hypertension.** The percentage of members 18–85 years of age who had a diagnosis of hypertension and whose most recent blood pressure was<140/90 mm Hg during the measurement period.
- **Intent:** This new measure has two key modifications from the Controlling High Blood Pressure (CBP)HEDIS measure, which uses the Hybrid reporting method (including medical record review) and a denominator that may miss many people with hypertension who should be included in the measure. The denominator includes a pharmacy data method with a hypertension diagnosis and is stratified by race and ethnicity.

Changes to Existing HEDIS Measures

Eye Exam for Patients With Diabetes. NCQA retired the Hybrid Method; this measure is now reported using the **Administrative Method only**.

Follow-Up After Emergency Department Visit for Mental Illness and Follow-Up After Hospitalization for Mental Illness. NCQA updated denominator criteria to include phobia diagnoses, anxiety diagnoses, intentional self-harm X-chapter codes and the R45.851 suicidal ideation code. These measures expanded the numerator criteria with additional follow-up options, including expansion of provider-type options, inclusion of psychiatric residential treatment and peer support services for mental health.

Use of High-Risk Medications in Older Adults. NCQA is removing and adding medications to this measure and is regrouping some medications into different “drug classes” in the specifications to align with the updated American Geriatrics Society (AGS) Beers Criteria®.

Well-Child Visits in the First 30 Months of Life; Child and Adolescent Well-Care Visits. NCQA is removing telehealth visits; these were added temporarily in response to the COVID-19 pandemic. Removing telehealth well-care visits aligns the measures with updated guideline recommendations.

Acute Hospital Utilization. NCQA expanded this measure to include the Medicaid product line for members 18–64 years of age. This initiative was motivated by the retirement of the Inpatient Utilization measure in MY 2024, and by NCQA’s commitment to improving quality across diverse populations.

Adult Immunization Status. NCQA added an indicator assessing hepatitis B immunization for adults 19–59 years of age. NCQA removed the herpes zoster live vaccine from the existing herpes zoster immunization indicator and revised the numerator criteria to assess receipt of the recombinant zoster vaccine on or after October 1, 2017. For the existing pneumococcal immunization indicator, NCQA updated the denominator age range to assess immunization for adults 65 and older.

Chlamydia Screening. As part of a cross-cutting project to ensure that HEDIS measures appropriately acknowledge and affirm members' gender identity, NCQA updated the Chlamydia Screening in Women measure to include transgender members recommended for routine chlamydia screening and renamed the measure "Chlamydia Screening".

Telehealth Codes

NCQA allows providers to use telehealth services for providing care and healthcare services to their members. NCQA has aligned these telehealth accommodations with the telehealth guidance from the Centers for Medicare & Medicaid Services (CMS) and other federal and state regulators. Providers should use the same codes as the in-person visits and to include the appropriate telehealth codes. Providers do not need to specify the type of telehealth used in the medical record but should submit correct code for the method used.

In response to the COVID-19 pandemic, NCQA added telehealth visits temporarily to the Well-Child in the First 30 months of Life and the Child and Adolescent Well Care Visit HEDIS measures. For MY 2025, NCQA has removed telehealth visits for these well-care measures to align with the updated guideline recommendations.

NCQA defines telehealth modalities as follows:

Synchronous telehealth visits, telephone visits and asynchronous telehealth (e-visits, virtual check-ins) are considered separate modalities for HEDIS reporting.

Synchronous telehealth requires real-time interactive audio and video telecommunications. A measure specification that is silent about telehealth includes synchronous telehealth because telehealth is billed using standard CPT and HCPCS codes for professional services, in conjunction with a telehealth modifier and/or a telehealth POS code. Therefore, the CPT or HCPCS code in the value set meets criteria (whether or not a telehealth modifier or POS code is present). A measure specification will indicate when synchronous telehealth is not eligible for use and should be excluded.

Asynchronous telehealth, sometimes referred to as an "e-visit" or "virtual check-in," is not in real-time, but still requires two-way interaction between the member and provider. For example, asynchronous telehealth can occur through a patient portal, secure text messaging or email. A measure will indicate when asynchronous telehealth visits are eligible for use.

Telephone Visits Value Set: CPT codes: **98966-98968; 99441-99443**

Online Assessments Value Set: CPT codes: **98970-98972; 99421-99423; 98980-98981; 99457** 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 a higher quality of care. When our members are healthy, everyone benefits!

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1 Reece, J.C., E.F.G. Neal, P. Nguyen, J.G. McIntosh, J.D. Emery. April 7, 2021. "Delayed or Failure to Follow-Up Abnormal Breast Cancer Screening Mammograms in Primary Care: A Systematic Review." BMC Cancer 21(1):373. doi: 10.1186/s12885-021-08100-3. PMID: 33827476; PMCID:PMC8028768.

2 Petersen, S.S., M. Sarkissyan, Y. Wu, S. Clayton, J.V. Vadgama. 2018. "Time to Clinical Follow-up after Abnormal Mammogram among African American and Hispanic Women." J Health Care Poor Underserved 29(1):448–62. doi: 10.1353/hpu.2018.0030. PMID: 29503311; PMCID:PMC6614556.