

New Healthcare Effectiveness and Data Information Set (HEDIS®) Measures for Measurement Year (MY) 2024

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, it is collected through review of medical records or extraction directly from electronic clinical data systems (ECDS). Occasionally, measures may be retired, and new measures are added. No new measures were added for the 2024 Measurement Year. Below is a list of the retired and revised measures the National Committee on Quality Assurance (NCQA) has added for MY 2024:

Retired Measures for MY 2024

- colorectal cancer screening (COL)*
- use of spirometry testing in the assessment and diagnosis of COPD (SPR)
- follow-up care for children prescribed ADHD medication (ADD)*
- metabolic monitoring for children and adolescents on antipsychotics (APM)*
- nonrecommended cervical cancer screening in adolescent females (NCS)
- ambulatory care (AMB)
- inpatient utilization—general hospital/acute care (IPU)

*Only the COL-E, ADD-E, and APM-E measures will be reported.

Revised Measures MY 2024

The former Hemoglobin A1c (HbA1c) Control for Patients With Diabetes (HBD) measure was revised to Glycemic Status Assessment for Patients With Diabetes (GSD).

- **Glycemic Status Assessment for Patients With Diabetes (GSD)** examines members 18–75 years of age with diabetes (Types 1 and 2) whose most recent glycemic status (hemoglobin A1c [HbA1c] or glucose management indicator [GMI]) was at the following levels during the Measurement Year:
 - glycemic status <8.0%
 - glycemic status >9.0%

Telehealth Codes

The COVID-19 pandemic disruption brought about adjustments to 40 of the most widely used HEDIS measures to support health plans, clinicians, and patients who currently rely on telehealth services. NCQA has aligned these telehealth accommodations with the telehealth guidance from the Centers for Medicare & Medicaid Services (CMS) and other federal and state regulators. NCQA changed its requirements to allow telehealth visits, telephone visits, and e-visits or virtual check-ins to meet the specifications for those HEDIS 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 **98970–98972**, **99421–99423**, **99457**, and **99458**.

As physicians, you can help improve the 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 record

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