

## New HEDIS® Measures for Measurement Years (MY) 2022

Each year, between February and May, data from the prior calendar year is collected on a number of 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 MY2022:

- ❖ **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*

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.

- ❖ **Antibiotic Utilization for Respiratory Conditions (AXR)** The percentage of episodes for members 3 months of age and older with a diagnosis of a respiratory condition that resulted in an antibiotic dispensing event.

Note: Required exclusions members in Hospice or using Hospice services during the measurement year.

- ❖ **Advance Care Planning (ACP)** The percentage of adults 66 -80 years of age diagnosed with advanced illness (an indication of frailty) or receiving Palliative care, and adults 81 years or older, who had advance care planning during the measurement year.

Note: Required exclusions members in Hospice or using Hospice services during the measurement year.

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

- ❖ **Childhood Immunization Status (CIS-E)**
- ❖ **Immunizations for Adolescents (IMA-E)**
- ❖ **Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM-E)**

## Revised Measures

**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.
  
- ❖ **Acute Hospital Utilization (AHU)**
- ❖ **Identification of Alcohol and Other Drug Services (IAD) measure revised name to Diagnosed Substance Use Disorders (DSU)**
- ❖ **Mental Health Utilization (MPT) measure was revised to Diagnosed Mental Health Disorders (DMH)**
- ❖ **Initiation and Engagement of Alcohol and Other Drug Abuse or Dependence (IET)**
- ❖ **Follow-Up After Emergency Visit Department Visit for Alcohol and Other Drug Dependence (FUA) Revised Measure Name: Follow Up After ED Visit for Substance**
- ❖ **Use of Imaging Studies for Low Back Pain (LBP)**

## 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!