

Special Bulletin

For professional providers

January 13, 2025

HEDIS Changes for 2025: Mammogram Assessments, Blood Pressure Control, and More

The Healthcare Effectiveness Data and Information Set (HEDIS®) is constantly evolving to ensure measures are relevant and represent clinical best practices. For Measurement Year (MY) 2025, the National Committee for Quality Assurance (NCQA) added three HEDIS measures, retired four measures, and made smaller changes across multiple measures. NCQA also continues the transition to Electronic Clinical Data Systems (ECDS) reporting.

New Measures

1. Documented Assessment After Mammogram (DBM-E)

The percentage of episodes of mammograms documented in the form of a BI-RADS assessment within 14 days of the mammogram for members 40–74 years of age

- ECDS only reporting

2. Follow-Up After Abnormal Mammogram Assessment (FMA-E)

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

- ECDS only reporting

3. Blood Pressure Control for Patients with Hypertension (BPC-E)

The percentage of members 18–85 years of age who had a diagnosis of hypertension (HTN) and whose most recent blood pressure (BP) was <140/90 mmHg during the measurement period

- ECDS only reporting
- Members who are 18–85 years old as of the last day of the measurement period who meet either of the following criteria:
 - At least two outpatient visits, telephone visits, e-visits or virtual check-ins on different dates of service with a diagnosis of hypertension on or between Jan. 1 of the year prior to the measurement period and June 30 of the measurement period

- At least one outpatient visit, telephone visit, e-visit or virtual check-in with a diagnosis of hypertension and at least one dispensed antihypertensive medication on or between Jan. 1 of the year prior to the measurement period and June 30 of the measurement period

Changes to Existing Measures

1. Eye Exam for Patients with Diabetes (EED)

NCQA retired the Hybrid Method; this measure is now reported using the Administrative Method only.

2. Follow-Up After Emergency Department Visit for Mental Illness (FUM) and Follow-Up After Hospitalization for Mental Illness (FUH)

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.

3. Use of High-Risk Medications in Older Adults (DAE)

NCQA is removing and adding medications to this measure along with regrouping some medications into different “drug classes” regarding specifications to align with the updated American Geriatrics Society (AGS) Beers Criteria®.

4. Well-Child Visits in the First 30 Months of Life (W30); Child and Adolescent Well-Care Visits (WCV)

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.

5. Acute Hospital Utilization (AHU)

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 MY2024, and by NCQA’s commitment to improving quality across diverse populations.

6. Adult Immunization Status (AIS-E)

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 Oct. 1, 2017. For the existing pneumococcal immunization indicator, NCQA updated the denominator age range to assess immunization for adults 65 and older.

7. Chlamydia Screening (CHL)

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”.

Retired Measures

1. *Childhood Immunization Status (CIS) replaced with CIS-E as ECDS-only reporting.
2. *Immunizations for Adolescents (IMA) replaced with IMA-E as ECDS-only reporting.
3. *Cervical Cancer Screening (CCS) relaced with CCS-E as ECDS-only reporting.
4. Antidepressant Medication Management (AMM)

*Measure will still exist, but will no longer be a part of the annual HEDIS chart chase project

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