

# Special Bulletin

For professional providers

January 31, 2024

## HEDIS Changes in 2024: Diabetes, Cervical and Colorectal Cancer Screenings

The 2024 Healthcare Effectiveness Data and Information Set (HEDIS®) includes changes to the following measurements:

1. Diabetes
2. Cervical Cancer Screening
3. Colorectal Cancer Screening

### Background

The National Committee for Quality Assurance (NCQA) — the organization that publishes HEDIS measurements — updated the diabetes measures and made smaller changes across multiple measures. For measurement year (MY) 2024, HEDIS entails 88 criteria that measure the quality of patient care delivered by health care organizations and providers.

In 2024, NCQA also will continue the transition to Electronic Clinical Data Systems (ECDS) reporting.

### 1. DIABETES

The following updates were made to the diabetes measure in 2024:

- **Revised Diagnosis Criteria** – The new method simplifies the specification and mitigates inclusion of individuals who take diabetes-related medications for reasons other than diabetes (e.g., weight loss) by adding a diabetes diagnosis requirement in the pharmacy method.
  - Glycemic Status Assessment for Patients with Diabetes
  - Blood Pressure Control for Patients with Diabetes
  - Eye Exam for Patients with Diabetes (***will remain hybrid for MY2024***)
  - Kidney Health Evaluation for Patients with Diabetes
  - Statin Therapy for Patients with Diabetes
  - Diabetes Monitoring for People with Diabetes and Schizophrenia
  - Emergency Department Visits for Hypoglycemia in Older Adults with Diabetes
    - **Claim/encounter data:** Requires 2 diagnoses of diabetes on different dates of service during the MY or prior year (PY).
    - **Pharmacy data:** Added a requirement to also have a diagnosis of diabetes in the MY or PY.

- **Glycemic Status Assessment for Patients with Diabetes** – NCQA revised and renamed this measure (formerly Hemoglobin A1c Control for Patients with Diabetes) to include a glucose management indicator (GMI) with hemoglobin A1c.
  - **Event/Diagnosis:** Members who had at least 2 diagnoses of diabetes on different dates of service during the MY or PY. Do not include laboratory claims (no longer delineates between outpatient/inpatient place of service).
  - **Pharmacy data:** Members who were dispensed insulin or hypoglycemics/antihyperglycemics during the MY or PY and have at least 1 diagnosis of diabetes during the MY or PY.
  - GMI results collected by the member and documented in the member’s medical record are eligible for use in reporting. There is no requirement that there be evidence the GMI was collected by a primary care physician (PCP) or specialist.
  - Added GMI as an option to meet numerator criteria.
  - Laboratory claims with codes from the value code set will no longer be utilized for gap closure and/or exclusions.
  - Removed the required exclusion for members who did not have a diagnosis of diabetes.
  
- **Kidney Health Evaluation for Patients with Diabetes (KED)** – Updated the age stratifications to align with the National Kidney Foundation:
  - 18 – 85 years as of December 31 of the measurement year.

## 2. CERVICAL CANCER SCREENING

- **New Exclusion:** Members with Sex Assigned at Birth of Male (at any time in the patient’s history).
  - Measure will transition to ECDS-only reporting for MY2025.

## 3. COLORECTAL CANCER SCREENING

- Revised the age range criteria to 45 – 75 years for patients to have an appropriate screening for colorectal cancer:
  - Hybrid sample reporting has retired for MY2024. Reporting will be electronic and based on total HEDIS eligible population.
  - Measure will transition to ECDS-only reporting for MY2024.

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