



Addressing HEDIS measures via telemedicine

Now more than ever, telehealth options make it possible for patients, provider offices and health plans to remain committed to quality healthcare. Current barriers to in-person care include issues such as a lack of reliable transportation for those living in a rural area or living far from care, pandemic-related hesitancy to seek in-person care and increasing clinician staffing challenges for clinicians.

Expanded telemedicine services help address these challenges and support providers and their teams in satisfying and/or positively impacting several Healthcare Effectiveness Data and Information Set (HEDIS®) measures. The table below highlights HEDIS measures that can be addressed via a telehealth visit.

Clinical HEDIS measures	Can be satisfied by telehealth visit (includes audio only)	Can be discussed via telehealth visit (includes audio only)
Adults' Access to Preventive/Ambulatory Health Services (AAP)	Yes	Yes
Blood Pressure Control for Patients With Diabetes (BPD)	Yes ⁴	Yes
Breast Cancer Screening (BSC-E)	Yes ¹	Yes
Cervical Cancer Screening (CCS)	Yes ¹	Yes
Childhood Immunization Status (CIS)	No	Yes ³
Glycemic Status Assessment for Patients With Diabetes – Glycemic Status < 8.0% (GSD)	Yes ²	Yes
Eye Exam for Patients With Diabetes (EED)	Yes ¹	Yes
Colorectal Cancer Screening (COL-E)	Yes ¹	Yes
Controlling High Blood Pressure (CBP)	Yes ⁴	Yes
Follow-Up Care for Children Prescribed ADHD Medication (ADD-E) – Initiation Phase	Yes (provider must have prescribing authority)	Yes
– Continuation and Maintenance Phase	Yes (only one of two required follow-up visits can be a telehealth visit)	Yes

Clinical HEDIS measures	Can be satisfied by telehealth visit (includes audio only)	Can be discussed via telehealth visit (includes audio only)
Follow-Up After Emergency Department Visit for Substance Use (FUA)	Yes (visit must be with a mental health provider unless patient has any diagnosis of substance use, substance use disorder or drug overdose)	Yes
Follow-Up After Hospitalization for Mental Illness (FUH)	Yes (must be a mental health provider)	Yes
Follow-Up After High-Intensity Care for Substance Use Disorder (FUI)	Yes (must include a principal diagnosis of substance use disorder)	Yes
Follow-Up After Emergency Department Visit for Mental Illness (FUM)	Yes (must include mental health disorder diagnosis)	Yes
Initiation and Engagement of Substance Use Disorder Treatment (IET)	Yes (notes must include alcohol abuse and dependence, opioid abuse and dependence or other drug abuse and dependence)	Yes
Lead Screening in Children (LSC)	No	Yes ³
Metabolic Monitoring for Children and Adolescents on Antipsychotics (APM-E)	Yes ²	Yes
Prenatal and Postpartum Care (PPC) – Timeliness of Prenatal Care	Yes (must be with primary care provider, OB-GYN or other prenatal care practitioner)	Yes
– Postpartum Care	Yes	Yes
Well-Child Visits in the First 30 Months of Life (W30)	No ⁵	Yes
Child and Adolescent Well-Care Visits (WCV)	No ⁵	Yes
Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC) – Body mass index (BMI) percentile documentation – Counseling for nutrition – Counseling for physical activity	Yes ² Yes Yes	Yes Yes Yes

1. Can be satisfied during a telehealth visit when a patient-reported service is documented in a submitted medical record.
2. Can be satisfied during a telehealth visit when a patient-reported service is documented that indicates the date of the test and the result. A distinct numeric result is required for numerator compliance.
3. Counseling during childhood immunizations and lead screenings via telehealth is appropriate. Providers are encouraged to discuss with parents/caretakers the importance of immunizations, lead screening and methods for parents/caretakers to safely obtain these services for their children.
4. Can be satisfied during a telehealth visit when a patient-reported service is documented in a submitted medical record if the patient uses a digital blood pressure device at home.
5. The National Committee for Quality Assurance (NCQA) is removing telehealth well visits to satisfy quality measures effective in measurement year 2025.

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