

HEDIS (Healthcare Effectiveness Data & Information Set) Quick Reference



Adult Screening			
Measure	Measure Description	Documentation Required	Common Chart Deficiencies
AAP <i>(Adults' Access to Preventive Services)</i>	Members ages 65 years and older who had an ambulatory or preventive care visit in the calendar year. Members ages 20-64 years who had an ambulatory or preventive care visit in the calendar year or 2yrs prior.	Claim must be received at MAHP that includes a CPT code that indicates an ambulatory or preventative care visit. Telehealth is also acceptable.	
BCS <i>(Breast Cancer Screening)</i>	Women ages 50-74 years who had a mammogram to screen for breast cancer during the calendar year or year prior.	Date and result of one or more mammograms anytime during the measurement year or year prior. Documentation of mastectomies to include date performed.	Absence of left/right breast, bilateral mastectomy or modifier, history of bilateral mastectomy or unilateral mastectomy not clear. Dates missing.
CCS <i>(Cervical Cancer Screening)</i> Hybrid measure	Women ages 21-64 years who had one of the following: <ul style="list-style-type: none"> Pap during calendar year or 2 years prior High risk HPV (hrHPV) testing during calendar year or 4 years prior (must be 30-64 years old) hrHPV testing/pap cotesting during calendar year or 4 years prior (must be 30-64 years old) 	Date and result of pap and/or hrHPV testing or date of hysterectomy with documentation of no residual cervix (ex: total abdominal hysterectomy, total vaginal hysterectomy, absence of cervix). *hrHPV cannot be ordered as reflex	Documentation related to hysterectomy is incomplete, no dates included. hrHPV testing is ordered as reflex.
COL <i>(Colorectal Cancer Screening)</i>	Members ages 45-75 who had appropriate screening for colorectal cancer. <ul style="list-style-type: none"> Colonoscopy in calendar year or 9 years prior Fecal occult blood testing (iFOB) in calendar year Flexible sigmoidoscopy in calendar year or 4 years prior CT colonography in calendar year or 4 years prior Fecal immunochemical DNA test (FIT-DNA) a.k.a. Cologuard® in calendar year or 2 years prior 	Date and result of screening performed. Documentation of colorectal cancer or total colectomy.	Typically, this information is included on the health history section; however, this information is not always provided as part of the record or dates are missing.
PPC <i>(Timeliness of Prenatal Care)</i> Hybrid measure	Women who had a live birth on or between October 8 of the year prior, and October 7 of the calendar year who received prenatal and postpartum care.	Prenatal visit during first trimester with any of the following: <ul style="list-style-type: none"> Pregnancy dx Physical OB exam to include: fetal heart tones <i>or</i> pelvic exam with OB findings <i>or</i> fundus height Prenatal care procedure: prenatal labs (OB panel, TORCH antibody panel, or rubella antibody with ABO/Rh blood typing) <i>or</i> ultrasound of pregnant uterus LMP or EDD, prenatal risk assessment/counseling, gravidity and parity <i>or</i> complete OB history. Postpartum visit between 7 and 84 days after delivery	Office visit falls outside of time frame.
Disease Management			
Measure	Measure Description	Documentation Required	Common Chart Deficiencies
GSD, BPD, EED <i>(Comprehensive Diabetes Care)</i> Hybrid measure	Diabetic (type 1 or 2) members 18-75 yrs who received testing and care in the calendar year: <ul style="list-style-type: none"> Hemoglobin A1C (< 8.0) Blood pressure (138/88 or lower) Dilated Eye Exam 	Date and result of labs, readings. Eye exam must state retinal or dilated eye exam and be performed by an eye care professional. A negative eye exam in the year prior to the calendar year is acceptable.	Fructosamine lab ordered instead of A1C, BP of 140/90 or greater (if multiple readings are taken, the lowest systolic and diastolic are used), not enough information documented on eye exams.

KED <i>(Kidney Health Eval for Diabetics)</i>	Diabetic (type 1 or 2) members 18-85yrs who had a kidney health evaluation in the calendar year: <ul style="list-style-type: none"> Estimated glomerular filtration rate (eGFR) AND Urine albumin-creatinine ratio (uACR) 	Dates for ALL lab results (eGFR, urine albumin and urine creatinine). Separate urine albumin and urine creatinine tests must have service dates 4 or less days apart.	Kidney disease diagnosis, ACE inhibitor, apt with nephrologists, etc. are NO longer acceptable to meet kidney health measure, claim does not include charge for each test
CBP <i>(Controlling High Blood Pressure)</i> Hybrid measure	Members ages 18-85 who had a diagnosis of hypertension, and whose blood pressure was adequately controlled (<140/90 Hg) during the calendar year.	Date and result of BP reading. If multiple readings are taken, the lowest systolic and diastolic are used. Self-reported BP is acceptable for telehealth but the date the patient took the BP must be recorded and from a digital device (non-manual). Multiple readings reported must specify BP values and dates. *BP needs to be at or below 138/88 to be compliant.	Rechecked elevated pressures during the same visit are not documented or BP not rechecked the same day. Ranges reported e.g. 130s/70s or BP readings listed without date or with date range.
Pediatrics			
Measure	Measure Description	Documentation Required	Common Chart Deficiencies
CIS <i>(Childhood Immunization Status)</i> Hybrid measure	Percentage of children 2 years of age who had all the following immunizations by the 2 nd birthday: <ul style="list-style-type: none"> Four DTaP – diphtheria, tetanus, acellular pertussis Four PCV – pneumococcal conjugate Three HepB – hepatitis B Three HIB – haemophilus influenza type B Three IPV – inactivated polio vaccine Two or three RV – rotavirus (Rotarix 2, Rota Teq 3) Two flu – influenza One HepA – hepatitis A One MMR – measles, mumps and rubella One VZV – chicken pox 	Date and antigens administered. For MMR, HepB, HepA, or chicken pox, documentation of the illness or a seropositive test result are also acceptable.	Immunizations received after the 2 nd birthday. Immunizations not documented that were given in the hospital at birth. Dates are out of range.
IMA <i>(Immunizations for Adolescents)</i> Hybrid measure	Percentage of adolescents 13 years of age who had all the following immunizations: <ul style="list-style-type: none"> Meningococcal —one dose on or between 11th and 13th birthdays Tdap—one dose on or between 10th and 13th birthdays HPV—two or three dose vaccine series administered between 9th and 13th birthdays 	<ul style="list-style-type: none"> Dates and antigens administered. HPV vaccines must be at least 146 days apart for 2 dose series. Anaphylactic reaction to the vaccine or components, if applicable, on or before the 13th birthday 	Immunizations received after 13 th birthday. HPV numbers are low for males.
WCC <i>(Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents)</i> Hybrid measure	Members ages 2-17 who had an outpatient visit with a PCP or OB/GYN with the following in the calendar year: <ul style="list-style-type: none"> BMI Percentile Counseling for nutrition Counseling for physical activity 	<ul style="list-style-type: none"> BMI percentile (value or plotted on age-growth chart), weight, height, and date all in the same data source. Discussion of current diet and nutrition, anticipatory guidance or counseling on nutrition. Discussion of current physical activities, counseling for increased activity or anticipatory guidance on activity. Handouts provided during face-to-face visit about nutrition and/or physical activity also meet criteria. 	BMI growth chart not included in chart. Developmental milestones do not constitute anticipatory guidance or education for physical activity. Acute problem visits when nutrition or activity counseling focuses around acute problem only.
WCV <i>(Child and Adolescent Well-Care Visits)</i>	Members ages 2-21 years who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year.	Claim must be received at MAHP that includes a CPT code that indicates a well-care visit. Telehealth is also acceptable.	

Hybrid measure: uses claims data as well as medical record review completed by MAHP Quality Improvement (QI) staff