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PENNSYLVANIA MEDICAID AND MEDICRE  
Explanation of HEDIS® Measures

Each year, NCQA (National Committee for Quality Assurance) publishes HEDIS® (Healthcare Effectiveness Data and Information Set), a set of standardized performance measures used in the managed care industry to report how well practitioners provide important aspects of care and service such as: cancer screening; immunization rates; diabetes treatment; cardiovascular disease; member satisfaction; smoking cessation and other health issues. These standards are reported to NCQA each year. There are two ways we obtain the required information: Administrative or Hybrid. Administrative measures are through claims submission. Hybrid uses both claims and data from the medical record.

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**The following standards are those that the Quality Improvement Department requests medical record information for, either by FAX and/or by review of medical charts at your offices:**

**Weight Assessment and Counseling for Nutrition and Physical Activity for Children/Adolescents (WCC) – (Medicaid)**

The percentage of members 3–17 years of age who had an outpatient visit with a primary care practitioner/OB-GYN and who had evidence of BMI percentile documentation, counseling for nutrition, and counseling for physical activity.

**Childhood Immunization (CIS) – (Medicaid)**

The percentage of children who became 2 years old during the measurement year and who had received these vaccinations on or before 2 years of age: four diphtheria–tetanus–acellular pertussis (DTAP); three polio (IPV); one measles, mumps, and rubella (MMR); three H influenza type B (HiB); three hepatitis B (HepB); one chicken pox (VZV); four doses of pneumococcal conjugate (PCV); one hepatitis A (HepA); two or three rotavirus (RV); and two influenza (flu) vaccines. This measure follows the CDC Advisory Committee on Immunization Practices (ACIP) guidelines for immunizations.

**Immunizations for Adolescents (IMA) – (Medicaid)**

The percentage of adolescents who became 13 years old during the measurement year and who had received the following vaccinations on or before their 13th birthday: one dose of

meningococcal vaccine, and one tetanus, diphtheria toxoids, acellular pertussis vaccine (Tdap) or one tetanus, diphtheria toxoids vaccine (Td) and have completed the human papillomavirus (HPV) vaccine series. This measure follows the CDC/ACIP guidelines for immunizations.

#### **Lead Screening in Children (LSC) – (Medicaid)**

The percentage of children 2 years of age who received one or more capillary or venous blood tests for lead poisoning on or before their second birthday.

#### **Cervical Cancer Screening (CCS) – (Medicaid)**

The percentage of women 21–64 years of age who were appropriately screened for cervical cancer using either of the following criteria:

- Women age 21–64 who had cervical cytology performed every 3 years.
- Women 30–64 years of age who had cervical high-risk human papillomavirus (hrHPV) testing performed within the last 5 years.
- Women 30–64 years of age who had cervical cytology/high-risk human papillomavirus (hrHPV) cotesting within the last 5 years.

#### **Colorectal Cancer Screening (COL) – (Medicaid and Medicare)**

Assesses whether adults 50–75 years of age have had appropriate screening for colorectal cancer (CRC).

“Appropriate screening” is defined by meeting any one of the screening methods below:

- Fecal occult blood test (FOBT) during the measurement year.
- Flexible sigmoidoscopy during the measurement year or the four years before the measurement year.
- Colonoscopy during the measurement year or the nine years before the measurement year.

#### **Care for Older Adults (COA) – (Medicare)**

Assesses the percentage of adults 66 years and older who had each of the following during the measurement year:

- Medication review
- Pain assessment

#### **Controlling High Blood Pressure (CBP) – (Medicaid and Medicare)**

This intermediate–outcome measure looks at whether blood pressure was controlled among adults 18–85 years of age who were diagnosed with hypertension. Control is demonstrated by the following criteria:

- Members 18–85 years of age whose BP was <140/90 mm Hg.
- Telephone visits, e-visits and virtual check-ins are appropriate settings for BP readings.

### **Hemoglobin A1c Control for Patients with Diabetes (HBD) – (Medicaid and Medicare)**

The percentage of members 18–75 years of age with diabetes (types 1 and 2) whose hemoglobin A1c (HbA1c) was at the following levels during the measurement year:

- HbA1c control (<8.0%).
- HbA1c poor control (>9.0%).

### **Blood Pressure Control for Patients with Diabetes (BPD) – (Medicaid and Medicare)**

The percentage of members 18–75 years of age with diabetes (types 1 and 2) whose blood pressure (BP) was adequately controlled (<140/90 mm Hg) during the measurement year

### **Eye Exams for Patients with Diabetes (EED) – (Medicaid and Medicare)**

The percentage of members 18–75 years of age with diabetes (types 1 and 2) who had a retinal eye exam.

### **Prenatal and Postpartum Care (PPC) – (Medicaid)**

The percentage of pregnant women in the organization who began prenatal care during the first 13 weeks of pregnancy, or within 42 days of enrollment, for women who were more than 13 weeks pregnant when they enrolled. This measure also looks at the percentage of women who had live births and who had a postpartum visit between 7 and 84 days after delivery. Telephone visits, e-visits, and virtual check-ins are eligible for the Timeliness of Prenatal Care rate.

### **Transition of Care (TRC) – (Medicare)**

The percentage of discharges for members 18 years of age and older who had each of the following. Four rates are reported:

- *Notification of Inpatient Admission.* Documentation of receipt of notification of inpatient admission on the day of admission through 2 days after the admission (3 total days).
- *Receipt of Discharge Information.* Documentation of receipt of discharge information on the day of discharge through 2 days after the discharge (3 total days).
- *Patient Engagement After Inpatient Discharge.* Documentation of patient engagement (e.g., office visits, visits to the home, telehealth) provided within 30 days after discharge.
- *Medication Reconciliation Post-Discharge.* Documentation of medication reconciliation on the date of discharge through 30 days after discharge (31 total days).

**Some of the Administrative and Electronic Data Capture measures for Medicaid include:**

- Well-Child Visits in the First 30 Months of Life (W30)
- Child and Adolescent Well-Care Visits (WCV)
- Plan All Cause Readmissions (PCR)
- Asthma Medication Ratio (AMR)
- Breast Cancer Screening in Women (BCS-E)
- Annual Member Satisfaction Survey (CAHPS)
- Oral Evaluation, Dental Services (OED)
- Topical Fluoride for Children (TFC)
- Appropriate Testing for People with Pharyngitis (CWP)
- Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis (AAB)
- Chlamydia Screening in Women (CHL)
- Kidney Evaluation for Patients with Diabetes (KED)
- Follow-Up Care for Children Prescribed ADHD Medications (ADD)
- Antidepressant Medication Management (AMM)
- Use of Imaging Studies for Low Back Pain (LBP)
- Pharmacotherapy Management of COPD Exacerbation (PCE)
- Statin Therapy for Patients with Diabetes (SPD)
- Statin Therapy for Patients with Cardiovascular Disease (SPC)
- Appropriate Treatment for Upper Respiratory Infection (URI)

**Some of the Administrative and Electronic Data Capture measures for Medicare include:**

- Annual Member Satisfaction Survey (CAHPS)
- Follow-Up After Emergency Department Visit for People With Multiple High-Risk Chronic Conditions (FMC)
- Breast Cancer Screening (BCS-E)
- Plan All Cause Readmissions (PCR)
- Osteoporosis Management in Women Who Had a Fracture (OMW)
- Statin Therapy for Patients with Cardiovascular Disease (SPC)
- Medicare Health Outcomes Survey (HOS)
- Kidney Evaluation for Patients with Diabetes (KED)
- Antidepressant Medication Management (AMM)
- Pharmacotherapy Management of COPD Exacerbation (PCE)
- Persistence of Beta-Blocker Treatment After a Heart Attack (PBH)
- Use of Spirometry Testing in the Assessment and Diagnosis of COPD (SPR)

**Other Important Information Affecting Rates**

**Protected Health Information**

According to the HIPAA Privacy Rule (CFR 160, 164) amended August 14, 2002, health care providers can disclose protected health information (PHI) to health plans for the purpose of

quality assurance, quality improvement and accreditation activities. HEDIS data collection is included as a quality improvement and accreditation initiative. Providers are permitted to disclose PHI to health plans for HEDIS data collection without authorization from the patient when both the provider and health plan have/had a relationship with the patient and the information relates to that relationship. (45 C.F.R. 164.506 (c) (4)).

### EPSDT – Early Period Screening Diagnosis and Treatment

Highmark Wholecare’s Growing Up with Highmark Wholecare Program is based upon the federally mandated Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) Program for Medical Assistance eligible children who are under the age of 21 years. Through the EPSDT Program, children are eligible to receive regular immunizations and medical, dental, vision and hearing screenings to ensure that they receive all medically necessary services, without regard to Medical Assistance-covered issues.

### Chlamydia Screening

Chlamydia Screening is underutilized. Chlamydia is a silent disease, and often missed if screening is not done. If left untreated, it can lead to serious medical conditions. Because the cervix of teens and young women is not fully mature, they are more susceptible to this type of infection. You are the key to early diagnosis and treatment. Avoid missed opportunities! Screen all females ages 16-24 years old. Screening can be done by urine or vaginal swab.

Chlamydia disease CPT® Codes: 87110, 87270, 87320, 87490, 87491, 87492 or 87810