

Point32Health

HEDIS® Hybrid Measures Tip Sheet

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HEDIS Hybrid Measures Tip Sheet

The following slides contain helpful tips on the HEDIS hybrid measures that require medical record review each year.

They include:

- Best practices and what documentation should be in the medical record for each HEDIS hybrid measure
- What documents and time periods will be requested from the provider office for each measure during the annual HEDIS Medical Record Review (February-April)

HEDIS Hybrid Measures Tip Sheet

HEDIS MEASURE	CARE FOR OLDER ADULTS	CERVICAL CANCER SCREENING	CHILDHOOD IMMUNIZATION STATUS
INDICATOR	COA	CCS	CIS
Date Range:	Current measurement year	Performed within 3-5 years of current measurement year	Birth to 2nd Birthday
What is needed:	<ul style="list-style-type: none"> <input type="checkbox"/> All office/telehealth visit notes with physician signed medication list in measurement year <input type="checkbox"/> Medication review, functional status assessment, and pain assessment each year 	<ul style="list-style-type: none"> <input type="checkbox"/> Cervical Cytology (Pap) test results within last 3 years; or <input type="checkbox"/> Cervical High-Risk Human Papillomavirus (hrHPV) test results within last 5 years; or <input type="checkbox"/> Documentation of complete/total/radical hysterectomy indicating cervix was removed - <i>If available, include surgical note with date of service</i> <input type="checkbox"/> Documentation in the medical record that pap or HPV was done with date (must include year) and result 	<ul style="list-style-type: none"> <input type="checkbox"/> Complete immunization record or immunization flowsheet with vaccination name and date administered prior to or on patients 2nd birthday <input type="checkbox"/> Documentation of hepatitis B immunization given at birth <input type="checkbox"/> Documentation of rotavirus vaccine type administered <p><i>If immunization not administered:</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Submit evidence of contraindications; or <input type="checkbox"/> Documentation of parental/guardian refusal or deferment in office visit note
Other:		If cervical cancer screening not performed or required, send last office or telehealth visit note	If no information found, send last office or telehealth visit note

HEDIS Hybrid Measures Tip Sheet

HEDIS MEASURE	CONTROLLING HIGH BLOOD PRESSURE	BLOOD PRESSURE CONTROL FOR PATIENTS WITH DIABETES	EYE EXAM FOR PATIENTS WITH DIABETES	GLYCEMIC STATUS ASSESSMENT FOR PATIENTS WITH DIABETES
INDICATOR	CBP	BPD	EED	GSD
Date Range:	Current measurement year	Current measurement year	Current measurement year	Current measurement year
What is needed:	<ul style="list-style-type: none"> <input type="checkbox"/> All blood pressure flowsheets in current measurement year <input type="checkbox"/> All office/ telehealth visit notes with dated blood pressure readings in measurement year <input type="checkbox"/> Repeat blood pressure if initial BP is $\geq 140/90$ (controlled is $< 140/90$) <input type="checkbox"/> Specify the exact dates and readings for patient-reported blood pressures taken at home with a digital device 	<ul style="list-style-type: none"> <input type="checkbox"/> All blood pressure flowsheets in current measurement year <input type="checkbox"/> All office/ telehealth visit notes with dated blood pressure readings in measurement year <input type="checkbox"/> Repeat blood pressure if initial BP is $\geq 140/90$ (controlled is $< 140/90$) <input type="checkbox"/> Specify the exact dates and readings for patient-reported blood pressures taken at home with a digital device 	<ul style="list-style-type: none"> <input type="checkbox"/> All eye exams in measurement year and prior year <input type="checkbox"/> Two most recent office/telehealth visits notes in measurement year <input type="checkbox"/> Clearly document positive or negative for diabetic retinopathy <input type="checkbox"/> Document eye exam date. Include provider signature (written or electronic) and clearly printed name under signature to indicate eye care professional signed off on the eye exam 	<ul style="list-style-type: none"> <input type="checkbox"/> All hemoglobin A1c (HbA1c) dated results <input type="checkbox"/> All Glucose Management Indicator (GMI) dated results <input type="checkbox"/> Two most recent office/telehealth visits notes in measurement year
Other:	If no blood pressure reading available, send last office or telehealth visit note	If no blood pressure reading available, send last office or telehealth visit note	If no eye exam in last 2 years, send most recent eye exam with name of eye provider	If no A1c or GMI results, send last office/telehealth visit note

HEDIS Hybrid Measures Tip Sheet

HEDIS MEASURE	IMMUNIZATION FOR ADOLESCENTS	LEAD SCREENING IN CHILDREN	WEIGHT ASSESSMENT AND COUNSELING FOR NUTRITION AND PHYSICAL ACTIVITY
INDICATOR	IMA	LSC	WCC
Date Range:	Birth to 13th birthday	Birth to 2nd birthday	Current measurement year
What is needed:	<ul style="list-style-type: none"> <input type="checkbox"/> Complete immunization record or immunization flowsheet on or prior to 13th birthday; and <input type="checkbox"/> Include vaccination name and date administered on or prior to 13th birthday <p><i>If immunization not given:</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Send office/telehealth notes indicating contraindication to immunization(s); or <input type="checkbox"/> Documentation of patient/parental/guardian refusal or deferment and reason 	<ul style="list-style-type: none"> <input type="checkbox"/> All lead screening results prior to or on patient 2nd birthday <p><i>If lead screening not performed:</i></p> <ul style="list-style-type: none"> <input type="checkbox"/> Send documentation of parental/guardian refusal or deferment and reason 	<ul style="list-style-type: none"> <input type="checkbox"/> Body Mass Index (BMI) percentile, height, weight and date in office visit note <input type="checkbox"/> Growth charts with legible BMI percentile (%), height and weight values <input type="checkbox"/> Visit notes from measurement year <input type="checkbox"/> Documentation of nutrition and physical activity discussion in well visit note (or sick visit note if no well visit) <input type="checkbox"/> Include after visit summary with patient education/anticipatory guidance related to nutrition and physical activity (ex, Bright Futures or other educational materials)
Other:	If no information found, send last office or telehealth visit note	If no information found, send last office or telehealth visit note	If no information found, send last office or telehealth visit note

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HEDIS MEASURE	PRENATAL AND POSTPARTUM CARE
INDICATOR	PPC
Date Range:	January of prior year through end of measurement year
What is needed:	<p>Documentation of routine prenatal and postpartum care</p> <ul style="list-style-type: none"> <input type="checkbox"/> All outpatient prenatal office and telehealth visits <input type="checkbox"/> All outpatient prenatal/ACOG flowsheets signed and dated with practitioner name for specified delivery date <input type="checkbox"/> First and last ultrasound with estimated date of delivery <input type="checkbox"/> Documented date of delivery <input type="checkbox"/> Postpartum visit or any office/telehealth visit(s) after the date of delivery <input type="checkbox"/> Ensure provider signs off on any nurse visit notes both on pregnancy flowsheets and regular EMR visit notes <input type="checkbox"/> For postpartum problem visits, make sure notation of routine postpartum care is also present
Other:	<p>Send any or all of the documentation listed above*</p> <p>If no information found, send last office or telehealth visit note</p> <p><i>*Please note, inpatient delivery hospital notes, flowsheets, fetal monitoring strips, admission/discharge summary, progress notes, and previous deliveries outside of the measurement date range are <u>not</u> needed for this measure</i></p>

HEDIS Hybrid Measures Tip Sheet

HEDIS MEASURE	TRANSITIONS OF CARE	
INDICATOR	TRC	
Date Range:	Current measurement year	
What is needed:	<p>Admission: Documentation in outpatient medical record that PCP or ongoing care provider received notification of patient admission on the day of admission or up to 2 days after inpatient admission</p> <p>Documentation may include:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Email/fax notification of admission <input type="checkbox"/> Pre-admission examination for elective admissions <input type="checkbox"/> Emergency Department progress note indicating patient disposition: <i>Patient Admitted</i> 	<p>Discharge: Documentation of the following 3 components in outpatient medical record accessible to PCP or ongoing care provider:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Receipt of Discharge Information – Discharge documentation receipt date may be on the date of discharge or up to 2 days after discharge. The Discharge summary includes evidence the information was accessible to PCP or ongoing care provider. <input type="checkbox"/> Patient Engagement After Inpatient Discharge – Documentation of patient engagement within 30 days after discharge date via office/telehealth visits, home visit, telephone, or email encounters <input type="checkbox"/> Medication Reconciliation Post Discharge – Documentation of medication reconciliation on date of discharge through 30 days. Best practice is to include current and discharge medication lists and reference hospitalization/admission/inpatient stay in follow up medication reconciliation visit note.
Other:	<ul style="list-style-type: none"> • Send any or all of the documentation listed above • If shared EMR, submit evidence that information was filed and accessible to PCP or ongoing care provider within 2 days of discharge date • <i>Inpatient hospital admission documentation, nursing notes, flowsheets and inpatient physician progress notes are <u>not</u> needed for this measure</i> 	

HEDIS Submissions, Timeline and Questions

HEDIS Submissions

HEDIS information may be submitted via fax, email or secure file transfer portal

- **Fax Number:** 617-673-0754
- **Email:** HEDIS@point32health.org
- **SFTP Setup:** Speak with provider quality performance to set up your team with a Point32Health secure file transfer trading partner arrangement

Questions regarding HEDIS

- **Call:** 888-766-9818, option #1, extension 52809
- **Email:** HEDIS@point32health.org

HEDIS Timeline

Jan – Feb	<ul style="list-style-type: none">❑ HEDIS request letters mailed to provider offices late Jan/early February<ul style="list-style-type: none">• Response due on or before Feb. 28th
March	<ul style="list-style-type: none">❑ Provider outreach begins<ul style="list-style-type: none">• Non-responders• Request for follow-up information
April – May	<ul style="list-style-type: none">❑ Provider outreach continues❑ HEDIS data is submitted to NCQA for final review first week of May
June – Dec	<ul style="list-style-type: none">❑ HEDIS provider preplanning sessions begin<ul style="list-style-type: none">• HEDIS contact established• Remote EMR arrangements are confirmed and finalized❑ Secure file transfer portal<ul style="list-style-type: none">• Set up new SFTP Trading Partner Agreements• Last date file is accepted for HEDIS review is December 1st