

BSC Promise Health Plan: HEDIS Reference

Medi-Cal Interventions, Quality Improvement

What is HEDIS?

Healthcare Effectiveness Data and Information Set (HEDIS) is a performance improvement tool established by the National Committee for Quality Assurance (NCQA). It is a way to evaluate the services and clinical care provided by you!

Medi-Cal Managed Care Plans are mandated by the state of CA to participate in HEDIS. Patients are included in quality review if they maintain continuous enrollment with no more than one gap in enrollment (up to 45 days during measurement year).



[This Photo](#) by Unknown Author is licensed under [CC BY-NC-ND](#)

HEDIS Measures

HEDIS includes 96 measures across 6 domains of care.

The measures presented in our Medi-Cal HEDIS grid meet the following criteria:

- **MCAS:** California Department of Health Services (DHCS) Medi-Cal Managed Care Accountability Set (MCAS) for Medi-Cal Managed Care Health Plans (MCPs) Measurement Year 2020, Reporting Year 2021 based on Centers for Medicare & Medicaid Services (CMS) Adult and Child Core Sets for Reporting Year 2020.
- **NCQA:** HEDIS measures owned by the National Committee for Quality Assurance (NCQA).
- **MPL:** Measure is held to Minimum Performance Level.
- **VIP:** Measure is included in the Blue Shield of California Promise Health Plans Value Incentive Program.

Domains of Care:

- Effectiveness of Care.
- Access/Availability of Care.
- Experience of Care.
- Utilization and Risk Adjusted Utilization.
- Health Plan Descriptive Information.
- Measures Collected Using Electronic Clinical Data Systems.

HEDIS Tips

Accurate clinical documentation of patient encounters is the foundation for appropriate reimbursement and quality reporting. Benefits of accurate HEDIS clinical documentation include a decrease in claim denials, a decrease in health plan information requests, and an increase in coder productivity.

Follow-up codes to use for all measures as applicable

Follow Up Visit CPT: 98960-98962, 98966-98968, 99078, 99201-99205, 99211-99215, 99217-99220, 99242-99245, 99341-99345, 99347-99350, 99381-99387, 99391-99397, 99401-99404, 99411, 99412, 99441-99443, 99483
Follow Up Visit UBREV: 0510, 0513, 0516, 0517, 0519-0523, 0526-0529, 0982, 0983
Follow Up Visit HCPCS: G0463, T1015
Telephone Visit CPT: 98966, 98967, 98968, 99441, 99442, 99443
Online Assessment CPT: 98969, 98970, 98971, 98972, 99421, 99422, 99423, 99444, 99458
Online Assessment HCPCS: G2010, G2061, G2062, G2063
Acute Inpatient CPT: 99221-99223, 99231-99233, 99238, 99239, 99251-99255, 99291
Acute Inpatient POS – Inpatient Hospital: 21
Acute Inpatient POS – Inpatient Psychiatric Facility: 51

Quick tips for best practices:

- Be aware of gaps in care prior to member arrival to avoid missed opportunities
- Understand HEDIS requirements and timelines for measures
- Code claims correctly and use HEDIS specific billing codes when appropriate
- Be sure documentation is clear and complete
- Be sure to include the date of service for each service in the medical record

Data Collection

- We collect data in two specific ways:
 - **Administrative data:** The measurement of claims and encounter use via hospitalizations, medical office visits, procedures, lab and pharmacy use.
 - **Hybrid data:** Data obtained from a member's medical record to further support the claim and encounter. (I.E.: Office visit notes).

Our goal is to support you and your team to ensure you are using the right codes for claims and encounters. With the right tools and support, we can work together to capture HEDIS data accurately via administrative data and decrease our need for medical record reviews.



[This Photo](#) by Unknown Author is licensed under [CC BY-NC](#)

Medi-Cal HEDIS Measure Grid

	Measure Acronym	Measure	MCAS	MPL	NCQA	Data Collection	Telehealth	Virtual	BSP VIP
	AWC	Adolescent Well-Care Visits	X	Yes	Revised	H			
	ABA	Adult Body Mass Index Assessment	X	Yes	Retired	H			
1	AMM	Antidepressant Medication Management: Acute Phase Treatment & Continuation Phase Treatment	X	Yes	X	A	X	X	
2	AMR	Asthma Medication Ratio	X	Yes	X	A	X	X	X
3	AAB	Avoidance of Antibiotic Treatment for Acute Bronchitis/Bronchiolitis			X	A	X	X	X
4	BCS	Breast Cancer Screening	X	Yes	X	A			X
5	CRE	Cardiac Rehabilitation			New	A			
6	CCS	Cervical Cancer Screening	X	Yes	X	H			X
7	WCV	Child and Adolescent Well-Care Visits (W34 & AWC)			X	H	X		
8	CIS-10	Childhood Immunization Status: Combination 10	X	Yes	X	H			X
	CIS-3	Childhood Immunization Status: Combination 3			Retired	H			
9	CHL	Chlamydia Screening in Women	X	Yes	X	A			
10	CDC	Comprehensive Diabetes Care		Yes	X	H	BP ONLY	BP ONLY	X
11	CBP	Controlling High Blood Pressure	X	Yes	X	H	X	X	
12	ADD	Follow-Up Care for Children Prescribed ADHD Medication: Initiation Phase / Continuation and Maintenance Phase	X		X	A	Initiation	Continuation	
13	IMA-2	Immunizations for Adolescents - Combination 2	X	Yes	X	H			X
14	KED	Kidney Health Evaluation for Patients with Diabetes			New	A			
	MMA	Medication Management for People With Asthma			Retired	N/A			
15	PPC	Prenatal & Postpartum Care: Timeliness of Prenatal Care & Postpartum Care	X	Yes	X	H	X	X	X
16	PND & PDS	Postpartum Depression Screening and Follow-Up			X	H			
17	LBP	Use of Imaging Studies for Low Back Pain			X	A			X
18	WCC	Weight Assessment & Counseling for Nutrition & Physical Activity for Children/Adolescents	X	Yes	X	H			X
	W15	Well-Child Visits in the First 15 Months of Life: Six or More Well-Child Visits	X	Yes	Revised	H			
19	W30	Well-Child Visits in the First 30 Months of Life (W15)			X	H	X		
20	W34	Well-Child Visits in Third, Fourth, Fifth, & Sixth Years of Life	X	Yes	Revised	H			X

All measures are listed in alphabetical order by full measure name. The following slides list only the numbered measures.

HEDIS Measures

Antidepressant Medication Management: Acute Phase & Continuation Phase

The percentage of members 18 years of age and older who were treated with antidepressant medication, had a diagnosis of major depression and who remained on an antidepressant medication treatment.

There are two rates reported:

1. Effective Acute Phase Treatment: The percentage of members who remained on an antidepressant medication for at least 84 days (12 weeks). Allows a medication gap of 31 days.
2. Effective Continuation Phase Treatment: The percentage of members who remained on an antidepressant medication for at least 180 days (6 months). Allows a medication gap of 52 days.

HEDIS MY 2020 & 2021 Changes: Added e-visits and virtual check-ins to the event/diagnosis.

Asthma Medication Ratio

Avoidance of Antibiotic Treatment for Acute Bronchitis / Bronchiolitis

Asthma Medication Ratio

Members 5-64 years of age who were identified as having persistent asthma and had a ratio of controller medications to total asthma medications of 0.50 or greater during the calendar year.

Eligible population during both the measurement year and the year prior to the measurement:

- At least one ED visit with principal diagnosis of Asthma
- At least one acute inpatient encounter, with a principal diagnosis of Asthma without telehealth
- At least one acute inpatient discharge with a principal diagnosis of Asthma on the discharge claim
- At least four outpatient visits, observation visits, telephone visits, e-visits or virtual check-ins on different dates of service and at least two asthma medication dispensing events for any controller or reliever medication.
- At least four asthma medication dispensing events for any controller or reliever medication. Use all the medication lists in the tables below to identify asthma controller and reliever medications.

HEDIS MY 2020 & 2021 Changes: Removed the restriction that only three of the four visits with an asthma diagnosis be an outpatient telehealth, telephone visit, e-visit or virtual check-in when identifying the event/diagnosis.

HEDIS Measures

Avoidance of Antibiotic Treatment for Acute Bronchitis / Bronchiolitis

The percentage of episodes for members ages 3 months and older with a diagnosis of acute bronchitis/bronchiolitis that did not result in an antibiotic dispensing event. The denominator for this measure is based on episodes, not on members.

Numerator: Dispensed prescription for an antibiotic medication on or three days after the episode date.

Episode Date: The date of service for any outpatient, telephone, observation, or ED visit, e-visit or virtual check-in during the intake period with a diagnosis of acute bronchitis/bronchiolitis. Do not include visits that result in an inpatient stay. To qualify for negative medication history, the following must be met: A period of 30 days prior to the episode date, when the member had no pharmacy claims for either new or refill prescriptions for a listed antibiotic drug. No prescriptions that were filled more than 30 days prior to the episode date and are active on the episode date.

Breast Cancer Screening

Women 50-74 years of age who had a mammogram to screen for breast cancer.

MRIs, ultrasounds, and biopsies do not count towards numerator compliance.

HEDIS MY 2020 & 2021 Changes: Added telephone visits, e-visits and virtual check-ins to the advanced illness exclusion.

Cardiac Rehabilitation - First Year Measure (MY 2020)

The percentage of members 18 years and older, who attended cardiac rehabilitation following a qualifying cardiac event, (myocardial infarction, percutaneous coronary intervention, coronary artery bypass grafting, heart and heart/lung transplantation or heart valve repair/replacement).

Four rates are reported –

Initiation: The percentage of members who attended 2 or more sessions of cardiac rehabilitation within 30 days after a qualifying event. **Engagement 1:** The percentage of members who attended 12 or more sessions of cardiac rehabilitation within 90 days after a qualifying event. **Engagement 2:** The percentage of members who attended 24 or more sessions of cardiac rehabilitation within 180 days after a qualifying event. **Achievement:** The percentage of members who attended 36 or more sessions of cardiac rehabilitation within 180 days after a qualifying event.

Identify the eligible population with the following steps –

(1) Member discharged from an inpatient setting with any of the following on the discharge claim: MI, CABG, heart or heart/lung transplant, or heart valve repair or replacement. **(2)** Identify acute and nonacute inpatient stay discharges, along with the discharge date. **(3)** The episode date is the most recent cardiac event for the intake period.

HEDIS Measures

Cervical Cancer Screening

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

- Women 21–64 years of age who had cervical cytology performed within the last 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.

Evidence of hrHPV testing within the last 5 years also captures patients who had cotesting. Additional methods to identify cotesting are not necessary.

Child and Adolescent Well-Care Visits (previously known as W34 & AWC)

The percentage of members 3–21 years of age who had at least one comprehensive well-care visit with a PCP or an OB/GYN practitioner during the measurement year.

HEDIS MY 2020 & 2021 Changes: This measure is a combination measure that replaces the former “Well-Child Visits in the Third, Fourth, Fifth and Sixth Years of Life” and “Adolescent Well-Care Visits”. Removed the telehealth exclusion.

Childhood Immunization Status, Combination 10: The percentage of children 2 years of age who had four diphtheria, tetanus and acellular pertussis (DTaP); three polio (IPV); one measles, mumps and rubella (MMR); three haemophilus influenza type B (HiB); three hepatitis B (HepB), one chicken pox (VZV); four pneumococcal conjugate (PCV); one hepatitis A (HepA); two or three rotavirus (RV); and two influenza (flu) vaccines by their second birthday.

This measure calculates a rate for each vaccine and nine separate combination rates. Outpatient visits must be at least 14 days apart. **HEDIS MY 2020 & 2021 Changes:** Added the requirement that LAIV (influenza) vaccination must occur on the child's second birthday.

HEDIS Measures

Chlamydia Cancer Screening

Women 16-24 years of age who were identified as sexually active and who had at least one test for chlamydia during the measurement year.

- A woman is identified as sexually active via pharmacy data and claim/encounter data. Pharmacy data can be any prescription contraceptives dispensed during the measurement year. Claim/encounter data can be any code related to pregnancy, pregnancy tests, or a sexual activity diagnosis.

Comprehensive Diabetes Care

The percentage of members 18-75 years of age with Diabetes Mellitus (Type I and Type II) who had each of the following:

- Hemoglobin A1c (HbA1c) testing
HbA1c poor control (>9.0%)
- HbA1c control (<8.0%)
- Eye exam (retinal) performed
BP control (<140/90 mm Hg)

The most recent A1c test and BP reading during the calendar year is used for compliance.

HEDIS MY 2020 & 2021 Changes:

- Retired the "HbA1c control (<7.0%) for a selected population" indicator and "Medical Attention for Nephropathy" indicator for Medicaid product lines
- Added telephone visits, e-visits and virtual check-ins to the administrative specification as appropriate settings for BP readings.
- Eye exam results read by a system that provides an artificial intelligence interpretation meets criteria.
- Removed the requirements for remote monitoring devices to allow BPs taken by any digital device.

HEDIS Measures

Controlling High Blood Pressure

The percentage of members 18-85 years of age who had a diagnosis of hypertension (HTN) and whose blood pressure was adequately controlled (<140/90 mm Hg) during the measurement year.

HEDIS MY 2020 & 2021 Changes:

- Revised the time frame in the event/diagnosis criteria to look for two outpatient visits with a diagnosis of hypertension in the first six months of the measurement year and the year prior to the measurement year.
- Added telephone visits, e-visits and virtual check-ins as appropriate settings for BP readings.
- Removed the exclusion of BP readings reported or taken by the member.
- Removed the requirements for remote monitoring devices to allow BPs taken by any digital device.
- Removed the restriction that only one of the two visits with a hypertension diagnosis be an outpatient telehealth, telephone visit, e-visit or virtual check-in when identifying the event/diagnosis.

Follow-Up Care for Children Prescribed ADHD Medication: Initiation / Continuation & Maintenance

The percentage of children newly prescribed attention-deficit/hyperactivity disorder (ADHD) medication who had at least three follow-up care visits within a 10-month period, one of which was within 30 days of when the first ADHD medication was dispensed.

There are two rates reported:

1. Initiation Phase: The percentage of members 6–12 years of age with an ambulatory prescription dispensed for ADHD medication, who had one follow-up visit with a practitioner with prescribing authority during the 30-day Initiation Phase.
2. Continuation and Maintenance (C&M) Phase: The percentage of members 6–12 years of age with an ambulatory prescription dispensed for ADHD medication, who remained on the medication for at least 210 days and who, in addition to the visit in the Initiation Phase, had at least two follow-up visits with a practitioner within 270 days (9 months) after the Initiation Phase ended

Intake Period: Visits occurring on the date of medication dispensing event do not count towards the initiation phase visit.

HEDIS MY 2020 & 2021 Changes: Added telehealth and telephone visits to the Rate 1 numerator. Added e-visits and virtual check-ins to the Rate 2 numerator and one of the two visits may be a telephone visit.

HEDIS Measures

Immunization for Adolescents, Combination 2

Adolescents 13 years of age who had one dose of meningococcal vaccine, one tetanus, diphtheria toxoids and acellular pertussis (Tdap) vaccine, and have completed the human papillomavirus (HPV) vaccine series (2 or 3) by their 13th birthday. This measure calculates a rate for each vaccine and two combination rates. For the two-dose HPV vaccination series, there must be at least 146 days between the first and second dose of the HPV vaccine.

Kidney Health Evaluation for Patients with Diabetes – First Year Measure (MY 2020)

The percentage of members 18–85 years of age with Diabetes Mellitus (Type I & Type II) who received a kidney health evaluation, defined by an estimated glomerular filtration rate (eGFR) and a urine albumin-creatinine ratio (uACR), during the measurement year.

Kidney Health Evaluation: Members who received both of the following during the measurement year on the same or different dates of service:

- At least one eGFR
- At least one uACR identified by both a quantitative urine albumin test and a urine creatinine test with service dates four or less days apart. For example, if the service date for the quantitative urine albumin test was December 1 of the measurement year, then the urine creatinine test must have a service date on or between November 27 and December 5 of the measurement year.

Prenatal & Postpartum Care

The percentage of deliveries of live births on or between October 8 of the year prior to the measurement year and October 7 of the measurement year. For these women, the measure assesses the following facets of prenatal and postpartum care.

- **Timeliness of Prenatal Care:** The percentage of deliveries that received a prenatal care visit in the first trimester, on or before the enrollment start date or within 42 days of enrollment in the organization.
- **Postpartum Care:** The percentage of deliveries that had a postpartum visit on or between 7 and 84 days after delivery.

HEDIS MY 2020 & 2021 Changes: Added telephone visits, e-visits, and virtual check-ins to the Timeliness of Prenatal Care rate. Also, the notes that services provided via telephone, e-visit or virtual check-in are eligible for use in reporting both rates. Must use a pregnancy diagnosis code with the telephone, e-visit, or virtual check-in.

HEDIS Measures

Prenatal/Postpartum Depression Screening & Follow-Up

The percentage of deliveries in which members were screened for clinical depression while pregnant or during postpartum and, if screened positive, received follow-up care.

Two rates are reported:

1. **Depression Screening:** The percentage of deliveries in which members were screened for clinical depression during pregnancy using a standardized instrument.
 - Prenatal Depression Screening: Deliveries between January 1 and December 1 of the Measurement Period: Screening should be performed between the pregnancy start date and the delivery date (including on the delivery date). Deliveries Between December 2 and December 31 of the Measurement Period: Screening should be performed between the pregnancy start date and December 1 of the Measurement Period.
 - Postpartum Depression Screening: Deliveries in which members had a documented result of a depression screening performed using an age-appropriate standardized instrument during 7 to 84 days following the date of delivery.
2. **Follow-Up on Positive Screen:** The percentage of deliveries in which members received follow-up care within 30 days of a positive depression screen finding.
 - Follow-Up for positive screen: Any of the following on or up to 30 days after the first positive screen:
 - An outpatient, telephone or e-visit or virtual check-in follow-up visit with a diagnosis of depression or other behavioral health condition.
 - A depression case management encounter that documents assessment for symptoms of depression or a diagnosis of depression or other behavioral health condition.
 - A behavioral health encounter, including assessment, therapy, collaborative care or medication management.
 - A dispensed antidepressant medication.
 - Documentation of additional depression screening on a full-length instrument indicating either no depression or no symptoms that require follow-up.

HEDIS Measures

Use of Imaging Studies for Low Back Pain

The percentage of members with a primary diagnosis of low back pain who did not have an imaging study (plain X-ray, MRI, CT scan) within 28 days of the diagnosis.

This measure is reported as an inverted rate. Therefore, a higher score indicated appropriate treatment of low back pain. **Negative Diagnosis History:** A period of 180 days (6months) prior to the IESD when the member had no claims or encounters with any diagnosis of low back pain. **Index Episode Start Date (IESD):** The earliest date of service for an eligible encounter during the intake period with a principal diagnosis of low back pain. **Intake Period:** Used to identify the first eligible encounter with a primary diagnosis of low back pain.

Weight Assessment & Counseling for Nutrition & Physical Activity for Children / Adolescents

Members 3-17 years of age who had an outpatient visit with a PCP or OB/GYN and who had evidence of the following during the measurement year:

1. BMI percentile documentation
2. Counseling for nutrition
3. Counseling for physical activity

HEDIS MY 2020 & 2021 Changes: Services rendered during a telephone visit, e-visit or virtual check-in meet the criteria. Removed the exclusion of member-reported biometric values. (BMI, height, and weight).

Well-Child Visits in the First 30 Months of Life (Previously W15)

The percentage of members who had the following number of well-child visits with a PCP during the last 15 months. The following rates are reported:

1. Well-Child Visits in the First 15 Months. Children who turned 15 months old during the measurement year: Six or more well-child visits.
2. Well-Child Visits for Age 15 Months–30 Months. Children who turned 30 months old during the measurement year: Two or more well-child visits.

HEDIS MY 2020 & 2021 Changes: Revised the measure name to Well-Child Visits in the First 30 Months of Life. Retired the 0, 1, 2, 3, 4 and 5 well-child visit rates. Added Rate 2 for children who turned 30 months old during the measurement year and had two or more well-child visits in the last 15 months. Removed the telehealth exclusion.

Well-Child Visits in Third, Fourth, Fifth, & Sixth Years of Life: Please refer to 'Child and Adolescent Well-Care Visits'.

Contact us!

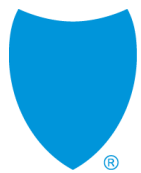
Thank you for your commitment and dedication to delivering high quality care to our patients. Please contact us via email for questions and/or additional support. You may also access our HEDIS Toolkit or the Medi-Cal HEDIS Reference Guide for further details on HEDIS and quality improvement.

- General questions regarding Medi-Cal: QIMediCal@blueshieldca.com
- HEDIS Hybrid Medical Record Review: Adam.Villalba@blueshieldca.com
- Supplemental data set-up/submission: hedissuppdata@blueshieldca.com
- Questions regarding the Provider Incentives Program: providerincentives@blueshieldca.com
- To learn more about all our provider programs, please visit the Blue Shield Promise website

Reference

HEDIS 2020 Volume 2: Technical Specifications for Health Plans
© 2019 by the National Committee for Quality Assurance
NCQA Customer Support: 888-275-7585
NCQA Fax: 202-955-3599
NCQA Website: www.ncqa.org

For additional information:
<https://www.cdc.gov/vaccines/schedules/>



Questions?



Thank you

blue  of california

An independent member of the Blue Shield Association