

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)

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HEDIS MEASURE	CARE FOR OLDER ADULTS	CONTROLLING HIGH BLOOD PRESSURE	BLOOD PRESSURE CONTROL FOR PATIENTS WITH DIABETES
INDICATOR	COA	CBP	BPD
Date Range:	Current measurement year	Current measurement year	Current measurement year
What is needed:	☐ All office/telehealth visit notes with physician signed medication list in measurement year ☐ Medication review and functional status assessment each year	☐ All blood pressure flowsheets in current measurement year ☐ All office/ telehealth visit notes with dated blood pressure readings in measurement year ☐ Repeat blood pressure if initial BP is $\geq 140/90$ (controlled is $< 140/90$) ☐ Specify the exact dates and readings for patient-reported blood pressures taken at home with a digital device	☐ All blood pressure flowsheets in current measurement year ☐ All office/ telehealth visit notes with dated blood pressure readings in measurement year ☐ Repeat blood pressure if initial BP is $\geq 140/90$ (controlled is $< 140/90$) ☐ Specify the exact dates and readings for patient-reported blood pressures taken at home with a digital device
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

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HEDIS MEASURE	GLYCEMIC STATUS ASSESSMENT FOR PATIENTS WITH DIABETES	LEAD SCREENING IN CHILDREN	WEIGHT ASSESSMENT AND COUNSELING FOR NUTRITION AND PHYSICAL ACTIVITY
INDICATOR	GSD	LSC	WCC
Date Range:	Current measurement year	Birth to 2 nd birthday	Current measurement year
What is needed:	☐ All hemoglobin A1c (HbA1c) dated results; <i>AND</i> ☐ All Glucose Management Indicator (GMI) dated results; <i>AND</i> ☐ Two most recent office/telehealth visits notes in measurement year	☐ All lead screening results prior to or on patient 2nd birthday <i>If lead screening not performed:</i> ☐ Send documentation of parental/guardian refusal or deferment and reason	☐ Body Mass Index (BMI) percentile, height, weight and date in office visit note ☐ Growth charts with legible BMI percentile (%), height and weight values ☐ Visit notes from measurement year ☐ Documentation of nutrition and physical activity discussion in well visit note (or sick visit note if no well visit) ☐ 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 A1c or GMI results, send last office/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:	Documentation of routine prenatal and postpartum care ☐ All outpatient prenatal office and telehealth visits ☐ All outpatient prenatal/ACOG flowsheets signed and dated with practitioner name for specified delivery date ☐ First and last ultrasound with estimated date of delivery ☐ Documented date of delivery ☐ Postpartum visit or any office/telehealth visit(s) after the date of delivery ☐ Ensure provider signs off on any nurse visit notes both on pregnancy flowsheets and regular EMR visit notes ☐ For postpartum problem visits, make sure notation of routine postpartum care is also present
Other:	Send any or all of the documentation listed above* If no information found, send last office or telehealth visit note <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>

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HEDIS MEASURE	TRANSITIONS OF CARE	
INDICATOR	TRC	
Date Range:	Current measurement year	
What is needed:	Admission: Documentation in the outpatient medical record that the primary care provider (PCP) or ongoing care provider (OCP) received notification of inpatient admission along with evidence that the information was integrated in the appropriate medical record and accessible to the PCP or OCP on the day of admission through 2 days after inpatient admission Documentation may include: ☐ Email/fax notification of admission ☐ Pre-admission examination for elective admissions ☐ Emergency Department progress note indicating patient disposition: <i>Patient Admitted</i>	Discharge: Documentation of the following 3 components in outpatient medical record accessible to PCP or OCP: ☐ 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 integrated in the appropriate medical record and accessible to PCP or OCP. ☐ 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 ☐ 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:	• Send any or all of the documentation listed above • If shared EMR, submit evidence that information was filed and accessible to PCP or OCP 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

Questions regarding HEDIS

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

HEDIS Timeline

Jan – Feb	☐ HEDIS request letters mailed to provider offices late Jan/early February • Response due on or before Feb. 28th
March	☐ Provider outreach begins • Non-responders • Request for follow-up information
April – May	☐ Provider outreach continues ☐ HEDIS data is submitted to NCQA for final review first week of May
June – Dec	☐ HEDIS provider preplanning sessions begin • HEDIS contact established • Remote EMR arrangements are confirmed and finalized